

Tennis Quest

June 20-22nd, 2008

Participant Profile -Please complete and return as soon as possible. Thank you!
You can fax back to us at 303-443-3620 or mail to:

Women's Quest, Inc.
2525 Arapahoe Ave, Ste E-4, #181
Boulder, CO 80302

Personal Information:

Date_____

Name_____

Address_____

City_____ State_____ Country_____

Zip_____ Occupation_____

HomePhone_____ WorkPhone_____

Email_____ Fax_____

Age_____ Birthday_____

Travel Information:

Arrival Date_____ Arrival Time_____

Departure Date_____ Departure Time_____

Fit Information

Shirt size (S,M,L,XL)_____

Medical & Dietary Information:

Do you have any medical condition that we should be aware of?_____

If yes please explain,

Do you have any past or present injuries that we should be aware of? _____ If yes
please explain _____

Please contact us if you have any questions about your ability to participate in activities. We suggest that you consult your physician regarding participating with any serious illness or injury.

Are you taking any medications?_____

Please list the medications_____

Your Intention!

What do you hope to accomplish and/or learn at the retreat? Describe your intentions, goals, and wild visions for the retreat! (Use another page if you need more room!)

Fitness/Goal Information:

Please tell us a little bit about your tennis background. Include how much tennis you are currently playing and whether you are focusing on singles or doubles

Is there any activity that you are particularly eager to experience at this retreat?

Where did you hear about Women's Quest? _____

Do you have any questions or concerns? _____

Is there anything else that you would like us to know about you? _____

Feel free to contact the Women's Quest office by phone 303-545-9295 or email colleen@womensquest.com

We're looking forward to seeing you this summer!

Women's Quest, Inc. / 2525 Arapahoe Ave / Suite E4-181 / Boulder, CO 80302