

# RESTORE TO HEALTH PROGRAMME

## Registration Form 2021

This registration form should be completed for all residential programmes offered at Manna House Health education & Wellness, including overnight and short stays.

**Health Guest information** *Please complete one form per health guest.*

<b>Health Guest First Name</b>		<b>Last Name</b>	
Home Address			
Postcode		Telephone/ mobile no.	
Email address			
<b>MEDICAL INFORMATION</b>			
AGE	<input type="text"/>	Weight (kg)	<input type="text"/>
		Tick Male	<input type="checkbox"/>
		Female	<input type="checkbox"/>
DATE OF BIRTH	<input type="text"/>		
Please state all Health Concerns			
Please state all Medications and doses and Supplements			
Do you have an allergy?			
If you require some financial support then write a statement explaining what benefits you receive and why you should receive support.			
<b>Emergency Contact Details</b>			
FULL NAME:			
RELATIONSHIP TO YOU:			
ADDRESS:			
CONTACT NUMBER:			
EMAIL ADDRESS:			

## Room or Package Preference

Do refer to the Product Range and Services Brochure before making your decision. Please indicate your programme preference i.e, Refresh or Restore. Please be advised that any existing health challenges require the Restore programme..

## Payment Information

Upon registration a non-refundable deposit of 50% of the total cost is due to secure your reservation and the remaining balance is due the day of arrival. See deposit payment below.

You may pay by bank transfer or cheque. If you wish to pay by cheque, please be aware that your booking will only be confirmed once your funds have cleared our bank. Programmes are priced on a "payment-in-full" basis due when you arrive. We accept cash, personal cheques and bank transfers. At Manna House we can received card payments. If preferred, you may post-date your check for the starting date of the programme and mail it to us in advance.

## Refunds

The deposit paid at time of booking is **non-refundable**. As an exception, refunds are given ONLY in the case of an emergency which means you cannot come due to circumstances that are out of your control such as serious injury, hospitalisation, death, or cancellation on our part.

If you cannot come due to reasons that are NOT an emergency, you may transfer your deposit to a future programme. Transfers are valid for up to 1 year effective from the dates they originally registered for. If you choose not to attend 7 days before a programme commences you will forfeit 50% of the deposit with only 50% remaining for a future payment towards a programme. As such an additional 50% will need to be paid to confirm your place on a future programme.

## Additional Costs

Please note the Product Range and Services Brochure for what is included in your package. Packages does not include:

- Additional Herbal Supplements and/or Teas
- Additional Hydrotherapy and/or Similar Therapies
- Additional Body Rubs

Please note: Any additional costs will be explained to you. Herbal products are to be paid for immediately. If you receive extra therapies, it is with the understanding that you will pay for them by conclusion of the programme. (For the Restore programme, extra therapies are only considered if not contraindicative to the treatments already in place, based on the individual health needs assessment).

## Work

Unfortunately, we are not able to provide for you to work in exchange for a lifestyle programme.

	Per Day	10 Day	14 Day	50% Deposit 10 / 14 days
Refresh Programme	£99.00	£950.00	£1330.00	£475 / £665
Restore Programme	£135.00	£1250.00	£1750.00	£625 / £875
<b>Per Day:</b> Please state number of days stay and package.				

## Financial Support

If health guests have financial difficulties to meet the full cost of the programme they should make an application to Manna House Benevolent Fund for financial support to offset the price of the programme. Funding is available for the Restore programme only. Applications for assistance will be reviewed by Manna House Board. You will be notified within 14 days of Manna House receiving your application for financial support.

I wish to attend the Restore to Health or Refresh Residential Programme that begins on (date): \_\_\_\_\_  
and finishes on date: \_\_\_\_\_.

I agree to transfer 50% (half) deposit of \_\_\_\_\_ with this application form and pay the remaining 50% on the commencement date of the programme.

I am seeking financial assistance.      YES      NO  
                                     

I will be sharing a bedroom suite with (name of companion/health guest) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Make payments to Account holder. **Manna House Health Education & Wellness CIC**

Bank: Transferwise. Sort code: **23-14-70**; Account number: **90737473**

IBAN: GB55 TRWI 2314 7090 7374 73

Scan or email completed form to [mannahousewc@gmail.com](mailto:mannahousewc@gmail.com) or [info@mannahousehealth.co.uk](mailto:info@mannahousehealth.co.uk) or post to 47 Liverpool Road East, Church Lawton, Staffordshire, ST7 3AD. For further information visit the website or ring 01782 903229, 0749 072676 or 0793 3436515.

**MANNA HOUSE**  
Health Education & Wellness CIC

*Living Well Naturally*