



Yoga Retreat Registration Form

Fields marked with an * are required

For which retreat are you registering? * _____
First Name * _____
Last Name * _____
Address 1 * _____
Phone * _____
Email * _____
Emergency Contact Name & Phone * _____
Deposit Amount: _____
Balance: _____

Note: Deposit is nonrefundable.

Please send us:

- A copy of your Passport or ID card
- A copy of your travel insurance or insurance that will cover for your stay

Please indicate your yoga experience or level (1-10):

Yoga Experience _____

Meditation Experience _____

Diet restrictions / preferences / allergies (vegetarian, vegan, wheat, etc.) _____

Health / Medical condition we should know about:

Do you snore? _____

Can you swim? _____

Other (non-food) requests or preferences _____

Anything else you would like us to know? _____

What is your joy and passion? _____

Are you willing to be moderate in your use of electronics during this trip? _____

Where did you hear about this retreat? _____

Release Form: I understand that I am solely responsible for my health and safety, and will not hold retreat leaders responsible for any loss, injuries, or illness that may occur. I will consider the interests of the group, but know that I may participate in as many or as few of the activities as I like. Please note: To insure a safe and sacred a space, we do not allow alcohol at the retreat center itself. There are often offsite opportunities for moderate, mindful drinking. Thank you for understanding and agreeing.

Name:

Signature:

Date: