

EMBODY BALI: A Healing Retreat
~ February 14 - 21, 2016 ~
Registration Form
retreatsinbeing.com

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth D/M/Y: _____ Gender: _____

Address: _____

Address(line 2) _____

City: _____ Country: _____

Home Phone: _____ Cell #: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell: _____

Villa Preference (please circle) *Private* *Share with 1 person*

Any relevant health concerns or injuries?

Any dietary needs: _____

Please list any prescribed medication:

Previous Yoga Experience? _____

A \$500 USD deposit is required to complete your registration.

Payment Method (please circle):

Cash

Cheque

Visa

Mastercard

Email Transfer