

Registration Form

retreatsinbeing.com

Name of Retreat: _____ Date: _____

First Name: _____ Middle Name: _____

Last Name: _____

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

Address: _____

Address(line 2) _____ City: _____

Country: _____ PostalCode/Zip: _____

Home Phone: _____ Cell #: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell: _____

Room Preference (please circle) *Private* *Share with 1 other*
Share with 2 others

Any relevant health concerns or injuries?

Any dietary needs: _____

Please list any prescribed medication:

_____P

Previous Yoga Experience? _____

A \$500 CDN deposit is required for all 7 day retreats to complete your registration.

Payment Method (please circle):

Cash

Cheque

Email Transfer