



Booking Retreat Form

Full Name: _____
Address: _____ _____
D/O/B: _____
Telephone No: _____
E-Mail: _____

Destination of Retreat: _____
Date of Retreat: From: _____ To: _____

Amount of payment: £ _____ deposit / flight / full payment

Yoga Experience: Absolute Beginner / Beginner / Intermediate / Very experienced / Yoga Teacher

Do you have preferred/Agreed Sharing? Yes / No

Name _____

Do you require single accomodation (supplement applies)? YES / NO

Please specify accomodation type _____

Do you have a special diet? YES / NO

If yes please specify _____

Name: _____

Signed: _____

Date: _____

Where did you hear about the retreat? _____

Please send this booking form back together with your £75 deposit to:

deepaspirit - (Cheques made payable to 'deepaspirit')

Unit 16, Hackford Walk, Hackford Road

London SW9 0QT

www.deepaspirit.com

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