

ManyDoors Yoga Retreat Registration Application

The retreat dates are June 4-June 11, 2011 with accommodations at the Haramara Retreat Resort in Sayulita, Mexico. Space is limited! Receipt of your \$500 non-refundable deposit will secure your spot. Full payment must be received by April 30, 2011.

Accommodations:	Included.
Meals:	Included.
Transportation: <ul style="list-style-type: none">• Airline	Air fare is not included.
<ul style="list-style-type: none">• Ground	We will run shuttles to coincide with the arrival of flights. Shuttles are \$65 total for up to 4 passengers and \$5 extra each for the 5 th -7 th passengers. To reserve, call Jennifer at (925) 997-2982
Spa Treatments:	Massage & facials available – see separate document
Excursions	See separate document and we can help coordinate, or you can decide when you get there. The price of these excursions is separate.

Paying by check:

Return This Form With Your \$500 Deposit To:

ManyDoors Yoga
c/o Groove Yoga
2240 Oxford Street
Berkeley, CA 94704

Paying by credit card:

Visit www.grooveyoga.com/workshops-retreats for more information.

Enclosed:

- My \$500 deposit
- My full payment of _____

Personal Information:

We will not use your information for spam or sell it to anyone. Promise.

Full Name			
Street Address			
City, State, Zip			
Phone			
Email			
Lodging Preference		Preferred Roommate	
Emergency Contact			
T-Shirt Size	S	M	L XL

In order to maximize the benefits of the program, and to ensure your safety, please let us know about any injuries or other health issues that you're working with. This information will be kept strictly confidential.

Injuries/Health Concerns (also pregnancy, allergies, etc.):

We want you to enjoy all of your meals without worrying about what you don't eat. Our chef is preparing food, so it is **imperative** that we know your dietary restrictions prior to planning the meals. Please, take the time to answer the following questions:

Please document any allergies and/or food allergies:

Do you have any food restrictions?

Do you have any dietary preferences?

Do you avoid or are you allergic to (circle your choices)
soy (tofu/tempe), vinegar, wheat, corn, dairy (butter, milk, cheese), eggs, fish?

Please list medications/vitamins/herbs are you currently taking:

By signing below, I agree that I am completely responsible for my physical and psychological health and well-being and that I completely understand and agree with the contents here within.

Print your full name here _____

Sign here _____

Date _____

