

Wisdom Flow Yoga Juicing Retreat - Registration Form

August 24th-27th, 2012 :: Maui, HI USA

Your Name: _____ Male / Female
(for room assignment)

Email: _____

Address: _____

City: _____

State: _____ Zip: _____

Your Phone: _____ Cell Phone: _____

Emergency Contact: Name: _____ Phone: _____

What is your main reason for joining this retreat?

How long have you been practicing Yoga?

Injuries or limitations we should be aware of?

Food allergies we should know about?

Will you Juice-Fast (drink only vegetable juice) for this five-day retreat? YES / NO

Is there another retreat-participant you would like to room with? What is their name?

Check the box of your accommodation choice for the 3-day retreat:

- | | |
|--|--------|
| <input type="checkbox"/> Tent (community bath house) | \$395 |
| <input type="checkbox"/> Shared Cabin Shared Bath | \$689 |
| <input type="checkbox"/> Shared Cabin Private Bath | \$799 |
| <input type="checkbox"/> Private Room Shared Bath | \$999 |
| <input type="checkbox"/> Private Room Private Bath | \$1199 |

*To reserve your space, please fill out and mail in this registration form along with your check or request a Paypal invoice. **Make checks payable to God Within LLC** (my parent company). You can also bring the form with your check to class. Once your registration form has been received, you will receive a welcome package with detailed instructions.*

Mail form to: Jennifer Lynn, 52A Akea Place, Kula, HI 96790
Contact Jennifer with any questions – 808-268-4095