

Application

Please complete this form and mail it to:

Yoga Life Society
384 North Fullerton Ave
Montclair, New Jersey 07043

Checks are payable to: Yoga Life Society. No refunds are possible after 5 June. The retreat begins Friday evening, 20 June, and ends after lunch on Sunday, 22 June.

(Please print clearly)

Name _____

Address _____

Phone _____ Cell Phone _____

Email _____

Emergency Contact (name & phone) _____

Date of Birth _____

Hatha Yoga Level: Beginners _____ Intermediate _____

Meditation Experience: New _____ Experienced _____

Do you have any physical limitations or conditions we should know about?

Do you have any special dietary needs?

Payment before 1 May:

____ Single Room(s) @ \$310 = _____

____ Double Room(s) @ \$275 = _____

Payment after 1 May:

____ Single Room(s) @ \$355 = _____

____ Double Room(s) @ \$315 = _____

You will receive confirmation of your reservation by email along with pertinent information and directions to the retreat center. If you have any questions, please email narani@yogalifesociety.com