

Yoga Retreat in Alps Register Form : 25 oct - 3 march 2018



First name : Family name: Gender : Female Male

Email : Address :

Phone: Birth Date: / /

Emergency Name / Number: _____ / _____

How did you get to know about our Yoga Retreat ?

Friends Search Engine : Google, yahoo Others : _____

Yoga expérience :

How long have you been practicing sport (except yoga) during the last month ?

0 0 – 3 times 3 – 6 times 7 – 10 times 11 times and more

How long have you been practicing yoga during the last month ?

0 fois 0 – 3 fois 3 – 6 fois 7 – 10 fois 11 fois et plus

Have you ever done a yoga retreat ? No Yes with who :.....

Diet Restrictions / Preferences / Allergies (vegetarian, vegan, wheat, etc.):

.....

Health / Medical condition we should know about:

.....

Other (non-food) requests or preferences

.....

Select package/Rate :

3 /Double occupancy (650 €) Single occupancy(830 €)

Please print and send the register form with a bank check of 150 € (to Yoga Lagom) at the address below in order to reserve a spot. The deposit is non refundable . Ask our IBAN if you prefer to do a transfer. The balance will be due on arrival in Cash.

Association Yoga Lagom

144 avenue Jean Jaures 75019 Paris France