

### We are so excited that you will be joining us on this retreat!!!

To reserve your preferred room you will need to complete this form and make a deposit of \$500. The deposit is non refundable and is part of the full amount of the cost and will be accounted for when paying the remaining amount. For the early registration price you will need to pay the remaining amount by the early registration deadline.

You may submit the form by email or mail. We would prefer to receive the deposit payment by check but the use of credit cards is also permitted. If paying by check make it out to "Suryaside Yoga" and please send it to the address below and we will contact you once we have received it.

If emailing the application please send it: BreathOfLifeRetreats@gmail.com

Breath of Life Retreats c/o Suryaside Yoga 4906 Skillman Ave Woodside, NY 11377



# **Personal Information #1**

Name	Birthday (mm/dd/yyyy)				
Address					
	City		State	Zip Code	
Phone #		Email			
Emergency Co	ontact				
Name		Phone #		Relationship	
How did you fir	nd out about the retreat?				
	al Information  ave any allergies?				
2. Do you ha	ave any dietary restrictions?				
3. Do you ha	ave any injuries?				
4. Are you to	aking any medications that we should know abo	out?			
5. Are you a	bstaining from any alcohol?				



# **Personal Information #2**

Name	Birthday (mm/dd/yyyy)				
Address					
	City		State	Zip Code	
Phone #		Email			
Emergency Co	ontact				
Name		Phone #		Relationship	
How did you fir	nd out about the retreat?				
	al Information ave any allergies?				
2. Do you ha	ave any dietary restrictions?				
3. Do you ha	ave any injuries?				
4. Are you to	aking any medications that we should know about	?			
5. Are you a	abstaining from any alcohol?				



## Sample Schedule

6:30 - 8:00AM	Morning Asana / Meditation Class		
8:00 - 9:30AM	Breakfast		
9:30 - 2:00PM (1230PM Lunch)	Excursion (Lunch @ Home or Provided by Excursion Company)		
2:00 - 4:00PM	Beach Lounging OR Simple Local Excursion		
4:00 - 6:00PM	Nourish your nervous system with pranayama, meditation and journaling		
6:00 PM	Dinner		

#### **Excursions**

We will be scheduling excursions weekly for the trip. They are all optional. If you are interested please select any of the following that you might be considering joining. Please note that the prices listed below are approximate

	27 Waterfalls	\$25
	Snorkeling	\$30
	Trapeze	\$50
	Monkey Jungle / Zip Lining	\$70
	Scuba Diving	\$85
	Kite Boarding	\$450
	Spa	Varies on service
	Local Tours	Varies on service
П	Hiking	-



#### **Payment**

A **\$500** non-refundable deposit is due with your reservation form. The cost of the retreat listed below includes the initial deposit. Full payment of the retreat is required no later than the 30 days before the first day of the retreat. For the early registration price we must receive the payment by the early registration deadline. If the full payment of tuition is not received by the start of the program the deposit will be forfeited. The Payment Plan option allows you to pay the tuition in five separate payments, which will be collected by check or charged to a credit card approximately every two weeks. The first payment of the payment plan will act as the deposit.

	Single Occupancy:	\$1400 (early)	/	\$1550		
	Couple Occupancy:	\$2100 (early)	/	\$2400		
	Double Occupancy:	\$1100 (early)	1	\$1250		
	I am paying by check (Please write it to "Suryaside Yoga")					
	I am paying by credit card					
Credit Card #				Verification #		
Name as it appears on the card Expiration Date						
If I cancel 14 days prior to start of the training, my deposit may be transferred to a future training, depending on availability. If I cancel within 14 days before the start of the training, I forfeit the \$500 deposit, but the remaining balance will be refunded.						
I agree that Suryaside Yoga is in no way responsible for the safekeeping of my personal belongings while I participate in the retreat. I understand that there may be moments during the retreat that are physically strenuous and I will acknowledge my body's capabilities and voluntarily participate in them, if I decide to do so, with full knowledge that there is risk of personal injury. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Suryaside Yoga, its officers, employees, teachers and members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. I have read the above release and waiver and fully understand its contents. I voluntarily agree to the terms and conditions stated above.						
Delat		C) marget			Date	
Print		Signature			Date	