



Registration form for Yoga & Ayurveda treatment Retreat – Kerala – India

FIRST NAME:

FULL ADDRESS :

BIRTH DATE :

MOBILE NUMBER:

PASSPORT NUMBER OR EUROPEAN IDENTITY CARD:

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If you have travel insurance the company name and contract number:

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I would like to take part in the yoga retreat offered by Yoga My Way in Kerala - India from 28th Oct. to 10th Nov. 2018. I pay of 500 € as a deposit before June 30th 2018, on the account: Yoga My Way: BE08 3631 3747 5413 with the communication your first name followed by "Yoga Retreat Kerala 2018".

Yoga My Way is entitled to cancel the trip if the group is not complete (minimum 6 persons) and refunds the deposit.