



Registration form for Yoga & Ayurveda treatment Retreat Kerala - 2018

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 27th Oct. to 10th Nov. 2018. I pay of 500 € as a deposit before September 15th 2018, on the account: Yoga My Way: BE08 3631 3747 5413 with the communication your first name followed by "Yoga & Ayurveda Retreat Kerala" Italy 2018".

Yoga My Way is entitled to cancel the trip if the group is not complete (minimum 8 persons) and refunds the deposit.