



## Mind the Yoga Retreat Booking Form

Please complete this form to book a space on the Yoga and Pilates retreat at Riversdale Lodge, Wooburn Green from Friday 6th - Sunday 8th October 2023. Arrival on Friday is from 4pm, departure on Sunday after lunch at 2pm. Booking is complete once you have returned the form to me via email at [mindtheyoga@gmail.com](mailto:mindtheyoga@gmail.com) and transferred a deposit of £100 to: Bank of Scotland, Alison Parker, 00698627, 80-02-24. The remaining balance of £395 is due on 15th September. Please read the full Terms and Conditions of the Retreat before booking. Please also fill in and return a Client Information Form if you have not supplied one to me already. Further information is available at [www.mindtheyoga.com/retreats](http://www.mindtheyoga.com/retreats)

Name

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Date of birth

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Mobile Number

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Email address

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Emergency contact name and number

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Accommodation at the retreat is based on rooms with 2-3 people sharing. If you are sharing with a friend please provide their name below, or let us know if you would like us to pair you up with another client.

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Do you know your arrival and departure details?

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Food served all weekend will be vegetarian and gluten-free. Do you have any further dietary requirements?

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Briefly, what is your experience of yoga and Pilates?

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What would you like to gain from the retreat?

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Do you have any illnesses, injuries or medical conditions?

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## Mind the Yoga Retreat Booking Form

Do you give permission to be added to the Mind the Yoga mailing list to be kept up to date with new classes and workshops (you can easily unsubscribe and I only send around one email per month)

Yes /No (please circle)

### Disclaimer

I hereby release Ali Parker of Mind the Yoga and Sasha Brooke-Williams of Sasha's Dance and Pilates from any responsibility or liability due to my participation in breath work and yoga and Pilates sessions. I am fully aware that I am participating in these sessions at my own risk and will not hold Mind the Yoga or Sasha's Dance and Pilates responsible in the event of my incurring or exacerbating any previously existing conditions. If I have any medical/mental-emotional conditions I have consulted with my physicians/practitioners to make sure that yoga and Pilates are appropriate for me to participate in.

**I confirm that I have read and agree to the Terms and Conditions for the Retreat.**

Signed / Date

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