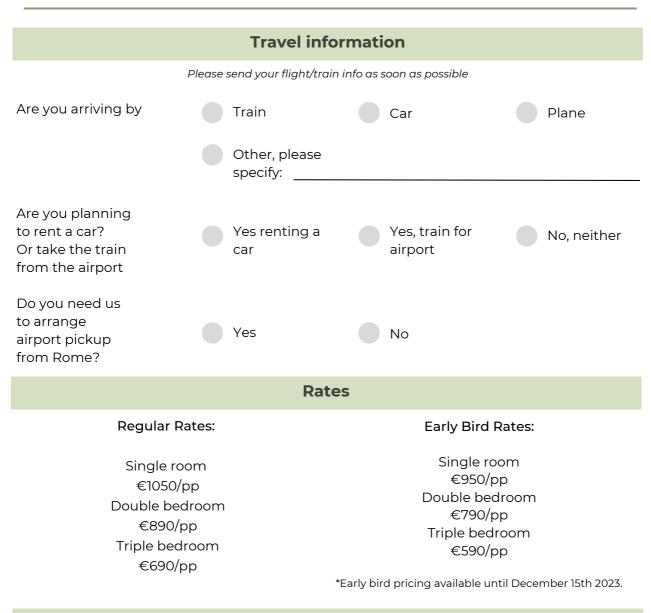
Three Day Elevate Retreat

Full name			
Address			
E-mail			
Telephone with country code			
Retreat details			
Room preference:	Single	Double	Triple
How did you hear about this retreat?	Social Media Other:	E-mail	Word of mouth
Health and fitness			
Level of yoga	Beginner	Intermediate	Regular practitioner
What are your expectations for this retreat?			
Do you have any health conditions that we should be aware of?	Yes No	If yes, please specify:	
Do you have any food restrictions (allergies/ intolerances)?	Yes No	If yes, please specify:	
Contact person in case of emergency			
Full name			
E-mail			
Telephone			

Three Day Elevate Retreat



General Conditions

In choosing to register for this retreat, I assume responsibility for my physical health and affirm that my physical condition allows me to participate in the proposed activities. I will advise the organizers of the retreat should my health status change.

Change in program or cancellation of the event by the organizer:

The retreat will be cancelled if the minimum number of participants is not reached (in this case, 6 participants). The retreat costs will be entirely reimbursed in the case of cancellation. We reserve the right to change the schedule of events in the program should unforeseen events arise that constrain us to do so. If any changes need to be made, we will let you know as soon as possible.

Three Day Elevate Retreat



General Conditions

Early departure from retreat:

If you decide to leave the retreat early for any reason there will not be the possibility of reimbursement, even partial. However, if the conditions are appropriate we could agree to a credit to be used during a future retreat.

Payment Details

To reserve your place, please return this registration form along with the deposit of 100 % of retreat cost sent by bank transfer. This deposit is non-refundable. Space is limited and completed registration forms will be confirmed in the order they are received.

The balance must be paid at the latest by January 31, 2023

Bank Details: INTERNATIONAL HEALTH CENTER ROME SRL: IT06J0200805031000105162747

Paese: IT CIN/EU: 06 CIN/IT: J ABI: 02008 CAB: 05031 Numero C/C: 00000105162747 BIC/SWIFT: UNCRITM1015

Or

PayPal: tere.fracasso@gmail.com

Upon signing this form, I affirm that I have read and understand the general conditions listed above and that all the information provided is accurate.

/ /

Place

Date

Signature

We look forward to seeing you in Umbria! Teresa & Morgan

liftedlivinginfo@gmail.com