



# *Reset & Restore Active Retreat*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CONTACT TEL NUMBER \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER \_\_\_\_\_

WHAT ARE YOU LOOKING FOR IN THIS RETREAT? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY FOOD RESTRICTIONS/ALLERGIES?

\_\_\_\_\_

WHAT HAS BEEN YOUR EXPERIENCE (IF ANY) OF YOGA OR MINDFULNESS

\_\_\_\_\_

TELL US A BIT ABOUT YOUR LIFE SITUATION, LIFE STRESSES, FITNESS LEVEL, etc

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*ANY MEDICAL ISSUES (PHYSICAL OR MENTAL) WE SHOULD BE AWARE OF?*

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*ANYTHING WE'VE MISSED OR YOU JUST FEEL LIKE ADDING!*

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**\*\* We are so pleased you will be joining us for this incredible experience. Please contact Charlie at 416 697-8748 if you need more information. When we receive your registration we will send you an invoice and you can pick your desired room. The most convenient way for you to pay is by etransfer, however if you wish to pay by visa please let us know.**

**\*\* We will send you a waiver and more detailed information about location and directions nearer the retreat date.**