



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

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

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

**** 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. You can pay directly on the website.**

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