

Breath of Joy Healthy Living, LLC
Registration Information

APHRODITE GREEK ISLAND YOGA RETREAT

Session: May 28 to June 3, 2011

Please print the following information:

Full Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____ Other Contact # _____

Emergency Contact Name and Number: _____ Relationship: _____

Passport Number: _____ (Please send a copy of your passport)

Session Requested: _____

Accommodations: (Please indicate preference)

____ Single ____ Double Guestroom

The rate will be readjusted depending if you request a single or double (requests will be filled depending on availability). Please indicate the name of the person you would like to room with _____

Meals: Breakfast will be included each morning. Three dinners on Kythera are included with your cost.

Please indicate if you have any dietary restrictions _____

Travel: Travel during the retreat within Greece will be covered. Travel from Athens to Kythera is scheduled on the Friday before retreat. International car license is necessary if you would like to have occasional use of a car on island.

Space is limited so please make your reservation early for the retreat.

Send in your non-refundable \$200.00 deposit before **September 30, 2010** to receive a \$50.00 discount.

Upon receipt of registration & deposit, a letter will be sent to you including remaining balance. A second payment of \$800 is due on January 30, 2011.

The remaining full balance is due by March 30, 2011. (Total cost before discounts = \$1,595). Refunds unavailable after April 30, 2011.

Please obtain travel insurance if desired (optional).

Please see details of itinerary at: www.breathofjoy.com Email Jeanne any questions at breathofjoy@hotmail.com