

Registration Form

**Saturday March 10th
& Sunday March 11th**



Personal Information

Full Name: _____ Date of Birth (mm/dd/yy): _____
Address: _____
Telephone: _____ E-mail: _____
Emergency contact: _____ Emerg. contact phone number: _____

Package Selection

(please indicate choice with X)

Overnight Package (Includes overnight accommodations, Saturday evening meditation and choice of massage or facial)

\$649 USD per person - early bird (before 2/18/18) _____ massage _____
\$699 USD per person _____ facial _____
+\$50 USD per person - specialty room _____

Local's 2 Day Package

\$299 USD per person - early bird (before 2/18/18) _____
\$349 USD per person _____

*there are a limited number of specialty rooms available - first come first served with availability

*shared beds and shared room pricing available - if interested inquire when registering

Payment:

To book, please contact Carrie Lazarus via e-mail: claz59@msn.com
or Sky Yoga via email: skyyogaandwellness@gmail.com or phone: 315-291-0029

Health Information

Dietary restrictions/allergies:

Please disclose any relevant health/medical conditions:

Retreat Proposed Schedule:

Saturday, March 10th

- 10:00am Welcome Reception
- 11:00am Vinyasa Yoga with Courtney Chase at Sky Yoga
- 12:30pm Lunch at Moro's Kitchen
- 1:30pm & on Scheduled Massage from Camillus Massage Therapy or Facial from Yvette Remington
(only included with overnight package)
- 2:30pm SkyBarre Class with Christine Bartolotta at Sky Yoga
- 6:30pm Evening Meditation - Yoga Nidra with Courtney Chase
(only included with overnight package)
- 7:00pm Nourishing Dinner prepared by Certified Holistic Chef Shannon Delaney

Sunday, March 11th

- 8:00am Lakeside Meditation with Shannon Delaney
- 8:30am Tea & Light Breakfast
- 9:30am Essential Restoration: Essential Oil Infused Restorative Yoga
with Courtney & Christine at Sky Yoga
- 11:00am Reflection Gathering
- 11:30am Farewells

Acknowledgement

I have read and understood the information contained in this registration form.

I hereby affirm that I am in general good health and have not been diagnosed with any conditions that would jeopardize myself or any other members of this retreat.

I am able to perform moderate exercise.

As it is the case with any physical activity, I understand that the risk of injury is present in yoga classes and take full responsibility for any injuries I may sustain or damages I may incur in participating in this program.

I will indemnify Sky Yoga from any costs, losses or damages directly or indirectly caused by my actions during this retreat.

I understand that this retreat is non-refundable.

I am absolutely ready to expand my horizons and will bring an open mind and heart to this retreat.

Name: _____

Signature: _____

Date: _____