



***Eco Yogadventures
Puerto Viejo, Costa Rica
December 27th - January 4th
with Sarah Brenes and Chenoa Lorenzo***

Name: _____ **Birthday:** _____

Address: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **email:** _____

Emergency Name / Number _____ / _____

Special Dietary Needs: _____

Health/Medical Conditions: _____

Special Requests: _____

Payment Information:

Retreat Cost - \$2500
\$250 Deposit (non-refundable)
\$1000.00 (Due 10/1)
\$1250.00 (Due 11/1)
 2% Charge for Credit Card Transactions

Deposit _____ **Paid in Full** _____
Payment Type Cash _____ **Check** _____ **Credit** _____

I am in good health and feel confident in my ability to participate safely in this Yoga Retreat. I have read and understand the above payments and policies and agree to abide by them. I agree to hold Eco Yogadventures and the retreat leaders free and harmless from any and all claims, demands, damages, costs, expense, loss of services, and causes of action resulting from my participation in the retreat.

Signed: _____ Date: _____

Photo Release

Office Use		
Payment 1	Payment 2	Payment 3