BOOKING FORM FOR WEEKEND YOGA RETREAT WITH BILLY DOYLE

DATE OF RETREAT:

VENUE:

|  |  |
| --- | --- |
| NAME: |  |
| EMAIL: |  |
| MOBILE: |  |
| PHONE: |  |
| POSTAL ADDRESS: |  |
| \*PAYMENT: |  |
| \* *Please state whether it’s a deposit or full payment and if cheque or bank transfer.* | |

* Please indicate any medical conditions or injuries: