

Journeys of the Spirit Booking Form

KUNDALINI YOGA & AYURVEDIC RETREAT with KATHRYN McCUSKER 5 -15 September 2015

SURNAME _____ FIRST NAME AS PER PASSPORT _____

NAME YOU LIKED TO BE CALLED _____ TITLE _____

ADDRESS _____

POSTCODE _____

CONTACTS: PHONE HOME _____ WORK _____

MOBILE _____ EMAIL: _____

SKYPE: _____ Do you have Facetime _____ Viber _____

DEPARTURE DATE: _____ FROM (CITY): _____

COTTAGE TYPE: _____ COST: AUD\$ _____

ANY PRE OR POST TRAVELLING ARRANGEMENTS ADDITIONAL TO YOUR RETREAT ?

FLIGHTS TO TRIVANDRUM ORGANISED BY YOURSELF _____ OR OUR TRAVEL AGENT _____

PREFERRED AIRLINE _____ FREQUENT FLYER MEMBERSHIP _____

FLIGHT SEATING PREFERENCE (IF ANY) AISLE _____ WINDOW _____

KRISFLYER (SINGAPORE AIRLINES) MEMBERSHIP NUMBER _____

ANY DIETARY ALLERGIES _____

MEDICAL CONDITIONS WE NEED TO BE AWARE OF _____

TRAVEL INSURANCE POLICY ISSUED _____ OR QUOTE REQUIRED _____

PASSPORT NATIONALITY _____ PASSPORT NUMBER _____

EXPIRY DATE _____ DATE OF BIRTH _____

EMERGENCY CONTACT – NAME _____ NUMBER _____

NON REFUNDALBE DEPOSIT - A\$500 PER PERSON DUE WITHIN 7 DAYS OF BOOKING. PAID _____
(Please make cheques payable to **Journey Pty Ltd**)

FINAL BALANCE – DUE ON OR BEFORE THE 15th July 2015 (Airfare may be due earlier) PAID _____

How did you hear about us ? _____

I have read, understood and agree to the attached Terms & Conditions for my Journeys of the Spirit retreat

Signature: _____ **Date:** _____ **Sat nam**



Contact Julie Baker by phone: 0427 766 716 Email: spirit@iinet.net.au

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