



Absolute Love Yoga Retreat “Under The Tuscan Sun” Registration Form

Name: _____

Address: _____

Phone: _____ Email: _____

Passport Number: _____

Emergency Contact (Name & Ph#): _____

Room Preference: _____

2nd Choice (in case first choice is unavailable): _____

Injuries or Medical Conditions: _____

Food Allergies or Special Requests: _____



Contact Leslie or Elyce with any questions:

leslie@absoluteyogastudio.com

elyceyogadance@gmail.com

For more info, visit:

www.absoluteyogastudio.com/retreats