

Hope Retreat Registration Form

Print and send with your Deposit or Full Payment

Make Check Payable to: YogaFlow

Mail to: [YogaFlow](http://YogaFlow.com), P.O. Box 2504, Oak Ridge, NJ 07438 [www.yogaflowllc.com](http://www.yogaflowllc.com)

[gail@yogaflowllc.com](mailto:gail@yogaflowllc.com) cell 201-213-2347

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_

Phone#  
(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

\$50 Deposit \_\_\_\_\_ Due by May 31, 2015

Balance \$245 due by July 18, 2015

Pay in Full \$295 \_\_\_\_\_

Please send registration form along with your deposit. Thank you!

If you have any dietary restrictions please let us know \_\_\_\_\_

Additional services for an extra fee. Please check below what services you would like to participate in.  
Payable the day of service, cash or check only please.

Massage Therapy One Hour \$50 \_\_\_\_\_

Aroma Touch Massage Therapy 80 minutes \$70 \_\_\_\_\_

Tarot Card Readings 30 minutes \$25 \_\_\_\_\_

Express Your OM Art Therapy Workshop with Christine \$35 \_\_\_\_\_