

Yoga with John Spring Retreat May 20-22nd 2011



Name: _____

Address: _____

Phone#: _____ E-mail: _____

Are you planning to room with someone? _____

How did you hear about retreat? _____

Any dietary requirements? _____

Please describe your practice: _____

Please send this form with your check to John Calabria 33 Waltham St. Maynard, MA 01754. The balance will be due by April 2nd.

Thanks so-much for joining us! Your participation makes our gatherings possible. This is sure to be a memorable weekend, and the first of many return trips for us.

I'll be mailing you a welcome packet very soon, we'll try to arrange some carpools for the ride out. *Namaste! -john*

978-257-6430 eganvay@gmail.com www.YogaWithJohn.com