

PEACE THROUGH YOGA RESERVATION FORM

Trip Name: _____

Trip Dates: _____

NAME (as shown on passport)

Preferred Name: _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

EMAIL _____

DATE OF BIRTH _____ OCCUPATION _____

PASSPORT NUMBER _____

Expiration Date _____ Country of Issue _____

TYPE ROOM REQUEST:

___ SINGLE ___ DOUBLE ___ TRIPLE ___ QUAD

FORM OF PAYMENT: ___ Check ___ Credit Card - Type: _____

Credit Card Number: _____ Expiration: _____

DEPOSIT: \$ _____ Date: _____ Final payment: _____ Date: _____

COMMENTS/SPECIAL NEEDS: _____

DO YOU WANT TRIP PROTECITON? ___ YES ___ NO

___ YES, I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS

Fax or email Reservation Form to 317-573.3610 - peacethroughyoga@yahoo.com