

BOOKING FORM

Meditation Retreats with Alistair Shearer

PLACE & DATE OF RETREAT BEING BOOKED

APPLICANT'S NAME..... MEDITATOR /SIDHA

ADDRESS.....

.....

.....POSTCODE.....HOME TEL:.....

EMAIL:.....

DATE & PLACE OF LEARNING TM.....

TM TEACHER'S NAME.....

I WILL BE ARRIVING BY CAR / TRAIN (If sidha) I WILL / WILL NOT BE ABLE TO BRING FOAM

DIETARY RESTRICTIONS (IF ANY).....

In case of emergency please notify:

NAME..... TEL:.....

PLEASE FILL IN THIS FORM, AND SEND IT WITH YOUR DEPOSIT MADE OUT TO 'TRISHULA TRAVEL.'
TO:

ALISTAIR SHEARER
THE COTTAGE,
HIGH STREET,
LAXFIELD, NR. WOODBRIDGE, SUFFOLK IP13 8DX.

NB. All electronic gizmos – smartphones, i-pads, kindles etc. – are strongly discouraged on these retreats.

DATE.....SIGNED.....