

MEDITATION RETREATS
with Alistair Shearer

BOOKING FORM

PLACE & DATE OF RETREAT BEING BOOKED

APPLICANT'S NAME.....

MEDITATOR /SIDHA

ADDRESS.....

.....

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

EMAIL:.....

STANDARD /SUPERIOR ROOM REQUESTED

DATE & PLACE OF LEARNING TM.....

TM TEACHER'S NAME.....

I WILL BE ARRIVING BY CAR / TRAIN

I WILL / WILL NOT BE ABLE TO BRING FOAM

I AM VEGETARIAN/VEGAN/NON-DAIRY:

In case of emergency please notify:

NAME.....

TEL:.....

PLEASE FILL IN THIS FORM, AND SEND IT WITH YOUR £50 (unreturnable) DEPOSIT MADE OUT TO 'ALISTAIR SHEARER' TO:

*ALISTAIR SHEARER
THE COTTAGE,
THE STREET,
LAXFIELD, SUFFOLK IP13 8DX.*

or you can make a direct bank transfer; details on request.

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