

Meditation Retreats with Alistair Shearer

BOOKING FORM

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 LTD.' TO:

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

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

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