



Yoga in Italy ~

A Tuscany Adventure 2020

Registration Form Instructions:

1. Print this document.
2. Fill out and sign the following pages.
3. Mail or email:

Cathy Daley
8208 Nice Way, Sarasota, FL 34238 email: cathydaley@aol.com
Phone: (941) 302-1004

Traveler's Name: The name should read AS STATED ON YOUR PASSPORT (this is very important for international air ticketing).

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ (MM/DD/YYYY)

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Please list any dietary restrictions and known allergies to food or medicine.

Do you have any physical injuries or limitations? Please Explain.

List any medications you are taking.

Room Selection: (Based on Availability)

___ Room Type A (\$2295) ___ Room Type A (\$2495) ___ Room Type C (\$2495) ___ Room Type D (\$2695)

Roommate Request .Please specify if you are a couple. _____

Liability signature required for each person – Italy 2020.

I/we agree that Catharine Daley shall not be held responsible for any damage, loss or delay. I/we agree to assume all risks associated with the trip and agree that no liability will be attached to Catharine Daley for any personal injury, illness, delay, loss or damages to property or health. Catharine Daley shall not be held liable or responsible for any expenses, including but not limited to lodging, meals, and transportation incurred by delays or other uncontrollable issues outside of the program.

In the event that you need to cancel because of unexpected circumstances, and as a general practice, I recommend that you protect your investment with travel insurance for your trip.

By making a payment, I indicate that I understand and agree to the terms and conditions of this contract.

Name: _____ Signature: _____ Date: _____