

St. Mary's Sewanee
Winter Renewal Yoga Retreat

Program / Retreat: **Winter Renewal Yoga Retreat**

Dates: **Dec. 4-6**

Name: _____
(Please include the Rev., Dr., Mr., Mrs., Ms., Miss)

Male Female

Your preferred name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Cell: (____) _____

E-mail: _____

Type of Reservation:

Residential: \$250 (Meals for commuters and residential guests are included in the fee.)

Individual Sessions : \$40 Each Sat AM Sat PM Sun AM
 Add Lunch \$10 Add Dinner \$14 Add Lunch \$10

Room preference: Single Shared Roommate preference _____

Other accommodation and dietary needs: _____

Cost of Program/retreat: \$ _____

Non-refundable Deposit* \$ _____

I am including a tax-deductible donation
to St. Mary's Sewanee. \$ _____

Total payment enclosed: \$ _____

*PLEASE NOTE: THE NON-REFUNDABLE \$50 DEPOSIT, DUE WITH YOUR REGISTRATION, WILL BE DEDUCTED FROM YOUR BALANCE. PAYMENT IN FULL IS DUE ONE MONTH PRIOR TO THE PROGRAM.

Make checks payable as follows: *St. Mary's Sewanee*

By Credit Card: Card Type: _____ Card Number: _____

Expiration Date: _____ Card Security Code: _____

Name as it appears on Credit Card: _____

Signature: _____

Return completed form with payment to:
St. Mary's Sewanee, P.O. Box 188, Sewanee, TN 37375
E-mail: StMarysSewanee@bellsouth.net
Telephone: (800) 728-1659 or (931) 598-5342