



Retreat & Renewal Trip Application

One trip application per applicant

Each trip application requires a \$500 deposit to secure your space on the trip.

Any questions, please contact Sol Journeys at (520) 795 - 0035 or info@soljourneys.com

Mail this form to: Sol Journeys, PO Box 43396, Tucson, AZ 85733 You may also FAX to (520) 795 - 1407

Trip Title _____ Date of Trip Departure _____

Your Name (legal) _____ Preferred NickName _____

Gender _____ Your Age _____ Birthdate _____ Height _____ Weight _____

Mailing Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Home Phone _____ Cell Phone _____

Other Phone _____ Best Phone to reach you _____

Email Address _____

How did you hear about Sol Journeys? _____

Are you attending with anyone else? yes no Name of other traveler _____

Do you wish to share a room with the person you are traveling with? Yes/No (please indicate) _____

If you are traveling with another person, please indicate your bed preference singles double

All of our trips are based on double occupancy - a single may be available for an additional single supplement

Please indicate if you would like to pay for a single supplement yes no

Are you a smoker? yes no

For the Yoga/Retreat Journeys please indicate any previous yoga experiences(note: experience not required)

How long have you been practicing? _____

What styles of yoga do you practice? _____

Do you have a regular personal/home practice? _____

What is your intention on this retreat for your yoga/meditation practice? _____

Please describe your level of health. _____

Do you have any food allergies/or special requests? _____

For all participants - Please describe what you do on a regular basis for fitness/your health. _____

What are you hoping to get from this retreat? _____

Anything else you wish to share? _____

Your Signature _____ Date _____

____ (initials) I have read and understand the trip cancellation policies. Located on the DETAILS section of the website.