



**CHILALI**  
pilates • massage • yoga • physiotherapy

## BOOKING FORM

Please complete the form to register for the **Chilali Retreats & Chill-out Weekend Breaks**. Chilali will not pass any details on to a third party. Chilali will use these details to forward important information about the retreat, so please ensure the information provided is correct.

**Please complete the following fields:**

**Name:**

**Age:**

**Fitness:**

(Please circle applicable level)

**Novice / inexperienced**

**Intermediate / experienced**

**Advanced / experienced**

**Address:**

**Company name:**

:

**Contact address:**

**Contact email:**

**Contact mobile:**

**Contact tel:**

Emergency contact name:

Emergency contact phone number:

Do you have any allergies/ food allergies or any medical conditions of which Chilali should be aware? (Please give details)

How did you hear about our retreat? \_\_\_\_\_

## Fees

Bookings must be sent along with a *non refundable and non transferable 50 % deposit*. Balance is to be paid in cash on arrival at the Chalet.

I have enclosed one cheque for the amount of £

I understand that fees paid are non refundable and non transferable, except in case of cancellation by the organisers.

I understand that I am participating in yoga classes at my own risk. (If you are in doubt as to the suitability of yoga to your medical condition, please consult your doctor.)

By signing this form, I confirm that I have read and accept the terms & conditions of participating in **Chilali Retreat and Chill-out Weekend Breaks**.

All cheques must be made payable to Chilali Sarl – *please do not send cash*.

Signed:

Date:

Return this form to:

**Chilali Sarl, Chemin de la Côte 15, 1934 Le Chable, Switzerland**  
Tel: +41 79 842 6679 / +44 752 858 717 (UK no. until 3<sup>rd</sup> July)

[www.chilalimassage.com](http://www.chilalimassage.com) / [info@chilalimassage.com](mailto:info@chilalimassage.com)

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