

LONG BEACH MEDITATION
**WEEKEND MEDITATION RETREAT
REGISTRATION FORM**

DATE OF RETREAT:	
NAME:	
PHONE NUMBER:	
CELL PHONE:	
EMAIL ADDRESS:	
STREET ADDRESS:	
CITY & STATE:	ZIP CODE:
EMERGENCY CONTACT PERSON:	
PHONE NUMBER:	
PLEASE CHECK ONE: SINGLE ROOM_____ DOUBLE_____	
ROOMMATE PREFERENCE (DOUBLE ONLY):	
SATURDAY COMMUTER:_____	
FOOD SERVICE IS VEGETARIAN. DO YOU HAVE SPECIAL DIETARY OR OTHER NEEDS?:	
(The kitchen will do their best to address your needs, however, you may need to bring special food items with you).	

We ask that you sign a standard yoga waiver at the retreat. Anyone who chooses not to participate in the yoga sessions or is uncomfortable signing this waiver is welcome to sit with us at the retreat and do other forms of meditation during the yoga sessions. You may request a copy of this waiver.

Please mail this to Long Beach Meditation, P.O. Box 227, Long Beach, CA 90801
or email (copy and paste) to weekendretreats@longbeachmeditation.com

Thank you! www.longbeachmeditation.com