

Mt. Shasta Heart Opening Retreat

June 25-28, 2020

Your Name _____

Best # to reach you: home (_____) _____ Cell (_____) _____

Mailing/Billing Address (for CC) _____

City _____ State _____ Zip Code _____

Email Address _____

How did you hear of us? _____

Age _____ Health Issues: Mental/Physical/Emotional _____

Medications that you are taking? _____

TO REGISTER: Register by phone (530) 356-5558, or mail this form to Kathy Zavada at P.O.Box 531, Mount Shasta, CA 96067; or, email it to retreats@KathyZavada.com with full payment at least 40 days in advance of the retreat. A confirmation letter will be emailed to you once this is received.

\$345 (by May 16, 2020)

\$395 (after May 16, 2020)

Full payment is required to reserve your space. Checks and payment via PayPal (including credit cards on PayPal) are welcome. Please indicate method of payment below:

PayPal: Paid \$ _____ online using PayPal (Confirmation #: _____)

Check: Enclosed is a check for the full amount of \$ _____ (required as deposit).

CANCELLATION POLICY: Due to limited space and because we expect to sellout, if you cancel your reservation more than 40 days in advance of the date of the retreat, your registration fee will be refunded **less a \$150 cancellation fee** to cover administrative costs. If you cancel fewer than 40 days from the retreat date, **the full fee is non-refundable.** You may apply your fee to other upcoming retreats with Kathy Zavada within a year if you wish.

My decision to take this workshop is a personal decision. I have not been made any promises or warranties that I will receive any benefits or specific results. I understand that meditation is not a substitute for treatment or services ordinarily provided by health care professionals for physiological or psychological complaints. I further understand that any instruction given to me during the course is for me personally and may not be appropriate for others. I hereby agree to hold Kathy Zavada and their officers and agents harmless in any claims brought by me, or on my behalf, which contradict the above. My signature below constitutes my acceptance of the conditions expressed in this agreement.

Signature _____ Date _____

OFFICE USE: Retreat Fee _____ Conf Sent _____ Eval _____ QB _____ CC _____