



breathing deeply

Garrison Institute Retreat Registration Form

Retreat Name and Date: _____

I plan to attend the Breathing Deeply Yoga Therapy retreat weekend on _____. The total cost of the weekend includes the retreat with Brandt Passalacqua, Friday and Saturday night accommodations at the [Garrison Institute](#), dinner on Friday evening, 3 meals/snacks on Saturday, breakfast, lunch, snacks on Sunday, and use of the facility.

I would like a: *(please check one)*

- Single room \$650
- Double room \$620
- Triple room (or dorm) \$570

Payment:

- Enclosed is a check in the amount of _____
Please make check payable to Breathing Deeply.
- I would like to pay with a credit card. Please send a PayPal invoice to my email at _____.
- I will pay in the above way, post the deadline (4 weeks before the date of the retreat), adding an additional \$50. (*single: \$700; double: \$670; triple: \$620*)

Print Name

Signature

My phone # is: _____

My address is: _____

Please share your yoga training and anything else you would like us to know:

Please email to info@breathingdeeply.com or mail this document and payment to:

Breathing Deeply
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Florence, MA 01062