

Please download this pdf form, fill in and save your details and email to info@malabar-retreats.com

| BOOKING                                                                                            |                                                                    |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Name                                                                                               |                                                                    |
| Surname                                                                                            |                                                                    |
| Email                                                                                              |                                                                    |
| Cell                                                                                               |                                                                    |
| Retreat loc                                                                                        | ation                                                              |
| Retreat da                                                                                         | tes                                                                |
| No. of gue                                                                                         | ests on booking                                                    |
| COMPANIONS if more than 1, please provide additional guest name, surname and contact details below |                                                                    |
| Name                                                                                               |                                                                    |
| Surname                                                                                            |                                                                    |
| Email                                                                                              |                                                                    |
| Cell                                                                                               |                                                                    |
| Room type required: Double Twin or Single*                                                         |                                                                    |
| If single, would you like us to advise you if someone would like to share a twin?                  |                                                                    |
| H                                                                                                  | twin, please specify name of sharing guest (if booking separately) |
| ADDITIONAL INFORMATION                                                                             |                                                                    |
| Flight deta                                                                                        | ils                                                                |
| Any dietary requirments/allergies                                                                  |                                                                    |
|                                                                                                    |                                                                    |
|                                                                                                    |                                                                    |
| Any injuries/medical conditions                                                                    |                                                                    |
|                                                                                                    |                                                                    |
|                                                                                                    |                                                                    |



# TERMS OF PAYMENT

# **Payment required**

Includes accommodation (full board during retreat) and all yoga/meditation.

Excludes flight/transfers/treatments/extras.

### Amount of transfer made to malabar account

We would be very grateful if you could ensure that the correct amount is received free of deductions.

# Name of sender (if different to above)

- Room types are subject to availability and single supplements apply
- Payments are non refundable if cancellations are made within 3 months of retreat commencement date
- Please see website for retreat prices
- Booking confirmed upon receipt of completed form and retreat payment

• Payments kindly to be made to the following account (please deposit in currency applicable to your retreat) with name of guest as reference:

#### If GBP:

Elba Morelli 18 00 02 00578975

IBAN: GB26COUT18000200578975

BIC: COUTGB22

#### If USD:

Elba Morelli 18 00 91 10466320

IBAN: GB42COUT18009110466320

BIC: COUTGB22

#### If EUR:

Elba Morelli 18 00 91 01580299

IBAN: GB93COUT18009101580299

BIC: COUTGB22