



<b>Title of Retreat</b>	<b>Date</b>
-------------------------	-------------

**name**

**telephone**

**email**

**address**

  
  
  


**postcode**

Cost	Number of places required
<input type="text"/>	<input type="text"/>

**Total cost due**

**Deposit enclosed** 25% of total cost

**Amount outstanding** to be paid 4 weeks prior to retreat

If a single room supplement is required, please call for availability and cost

Please specify any specific dietary requirements

Make cheques payable to **J Attwood** and send to

**Sevanti**  
 UNITY  
 29a Waterloo Street,  
 Hove, Sussex,  
 BN3 1AN



- Booking conditions**
- 1 Please read through the brochure carefully, do not hesitate to call with any queries.
  - 2 Your place will be held on receipt of this booking form and the non-refundable 25% deposit.
  - 3 In the event of cancellation by UNITY, all payment will be refunded.
  - 4 Confirmation, receipt, directions and further information will be sent soon after the balance is received.

Sevanti **UNITY**  
**01273 778 400**

sevanti@unity4health.com • www.unity4health.com

**YOGA**  
**MASSAGE**  
**HEALING**  
**DANCE**

**RETREATS**  
**TRAINING**  
**WORKSHOPS**  
**CORPORATE**



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