

C'EST *la vie*

WELLNESS & RETREATS

REGISTRATION FORM

Retreat: _____

Date: _____

FULL NAME:

First name: _____

Last name: _____

ADDRESS:

Street address: _____

City: _____ State: _____

Zip code: _____ Country: _____

PHONE NUMBER:

_____ - _____

Area code

Phone number

Text Message Option

Yes, I want to receive occasional text messages

No, I prefer not to receive occasional text messages

E- Mail: _____

ACCOMODATION IN BEL AIR RESORT:

We have booked chalets and domes in Bel Air resort. There are 4 chalets with individual bedrooms (for 1 or a couple). Each bedroom has its private bathroom. If you choose the Double Room, please list the name of the guest you want to room with for the 5-day retreat:

First name: _____ Last name: _____

Registration & Retreat Coordinator:

Armelle MESGUICH

+ 1 (786) 707 0200 (Leave Message)

Email: Armelle@cestlaviewellnessretreat.com

Follow us on Instagram: [@cestlaviewellnessretreat](https://www.instagram.com/cestlaviewellnessretreat)

Date and Signature

This document "Registration form" needs to be signed and returned to us by mail at Armelle@cestlaviewellnessretreat.com at the time of booking. Thank you.