

Booking Form – Aarogyamantra Integrated Healing Pvt Ltd, Kerala, India
11th to 18th January 2026

Please complete the booking form and return to: yogaretreats@aarogyamantra.com

PERSONAL INFORMATION	
Name:	
Address:	
Telephone Number:	
Email:	
Name of person sharing a room with if applicable (please note they will also need to complete a form)	
Emergency contact name and number:	
Travel insurance (Company Name, Policy Number, Contact Details)	

TRAVEL INFORMATION			
Arrival details:			
Airline	Flight Number	Departure time and airport	Arrival time and airport
Departure details:			
Airline	Flight Number	Departure time and airport	Arrival time and airport

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Please advise if you would like a transfer from the airport to the venue.			
YOGA EXPERIENCE			
Have you attended a yoga class before?		If yes, how long have you practiced for?	

HEALTH QUESTIONNAIRE	
CONDITION	DETAILS
Recent surgery	
Recent injury	
Back problems	
Knee problems	
Hip Problems	
Shoulder or neck problems	
Wrist problems	
High blood pressure - if yes, is it controlled by medication?	
Low blood pressure	
Ear conditions	
Lung conditions	
Abdominal conditions	
Digestive conditions	
Mental health conditions	

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Any other health conditions, please specify	
Food allergies or intolerances	
Do you carry medication that may need to be administered in an emergency (eg, EpiPen, Asthma inhaler, angina spray)	

Privacy Statement / Data Protection

In accordance with the General Data Protection Regulations (GDPR), the information you have provided on this form to Aarogyamantra will be treated as confidential and will not be shared with any third party.

Data collected on this form will be stored securely, either electronically or in paper format for the purpose of providing your retreat. It will only be viewed by the teachers of this retreat.

By signing this disclaimer, you agree that your data to be added to our online booking system and to your email address and telephone number be used by Aarogyamantra to inform you of any changes to the retreat.

I consent to my personal details being added to Aarogyamantra's booking system in order to process the booking. I understand that this paper form will be securely stored whilst I am an active Client of Aarogyamantra and then for 4 years for insurance purposes.

Signature:	
Date:	