

RASA YOGA ADVENTURE RETREATS

Registration Form

Please print this form and fill out completely. Submit it, along with \$150, to:

Rasa Yoga Adventure Retreats
3366 Chaundra Avenue
Salt Lake City, UT 84124

We will hold telephone reservations for one week while awaiting your mailed registration form and check. You can also register on-line at www.rasaretreats.com/Resources.html Please call (801) 274-3856 with any questions.

Upon receipt of this registration Rasa Retreats will send you an e-mail or letter confirming your spot on our retreat. You should hear from us within one week.

Name of trip: _____ Trip Dates: _____

Participant's name First: _____ Last: _____

Preferred name: _____ Birthday/ Age: _____ Gender: _____

Mailing Address: _____

City, State, and Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Fax: _____

E-mail address: _____

Occupation: _____ Preferred method of contact: _____

Emergency contact: _____ Relationship: _____

Emergency contact phone: _____

How did you hear about us? _____

Please answer the following health questions openly and honestly and include any additional information you feel is necessary. We will use this information to tailor our retreat to safely meet your needs.

Please tell us about your current yoga practice.

Please tell us about your current physical condition. What types of physical activity do you do in a normal week?

Have you had any major accidents, illnesses, or surgeries in the past two years? _____

If yes, please describe: _____

Do you have any medical conditions or physical limitations that could restrict your full participation in our retreat? _____ If yes, please describe: _____

Will you be taking any medications during this trip? _____ If yes, please describe: _____

Do you have any allergies? To foods _____

To medications _____

To bee stings _____

Other allergies: _____

Do you have any special dietary needs? _____

I have enclosed \$ _____.

Please make checks or money orders payable to *Rasa Yoga Adventure Retreats*.

I would like to pay by credit card. Visa/MC # _____

Expiration date: _____ Amount: _____ Signature: _____

All of the above information is correct to the best of my knowledge. Furthermore, I have read, understand, and agree to follow Rasa Yoga Adventure Retreat's payment and cancellation policy.

Participant's signature: _____ Date: _____