

REGISTRATION

Deepening Your Practice

July 14th -20th, 2018

Please mail, email or fax this form along with your payment to:
White Lotus Foundation, 2500 San Marcos Pass, Santa Barbara, CA 93105

Course Donation & Cancellation Policy

The donation for the Deepening Your Practice Training, which includes meals, accommodations & course materials, is \$1950. A deposit of \$450 reserves your place. Payments are non-refundable. If we receive your written cancellation at least eight weeks before the start of the training, your deposit, less a \$150 processing fee, will be one-time transferable. This credit is good for one year and may be used for any White Lotus program. If you give us less than eight weeks notice, your entire payment is forfeited. We recommend full travel insurance covering the program and air travel, available from Travel Guard (www.travelguard.com or 800-826-1300) or Travel Insure (www.travelinsure.com or 800-937-1387).

This training is sponsored by the White Lotus Foundation, a California nonprofit organization founded in 1967. Your donation furthers the work of the Foundation, the teachings of yoga, and the improvements of the Center. We thank you for putting energy back in. All or part of your donation may be tax- deductible – please consult your tax advisor. Additional information, directions to the Center, and a list of items to bring will be supplied to registrants.

FIRST AND LAST NAME: _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (cell) _____ (home) _____
EMAIL: _____

*Balance in full is due **June 22nd, 2018**.* Please make checks payable to White Lotus Foundation.

Enclosed is a deposit of \$ _____ Check #: _____

or please charge my card for \$ _____

CARD TYPE: MasterCard Visa Discover

Card Number: _____ Exp. Date: _____ CVC (card verification code): _____

Deposits are non-refundable. They are one-time transferable to another program for a \$150 fee if cancellation is made at least eight weeks prior to the start of the program. Balance in full is due three weeks prior to the start of the program.

Signature: _____

**Mail,
Email or
Fax to:**

White Lotus Foundation
2500 San Marcos Pass
Santa Barbara, CA 93105

phone (805) 964-1944
fax (805) 964-9617

email: info@whitelotus.org
<http://www.whitelotus.org>

White Lotus Foundation

Deepening Your Practice Yoga Training Questionnaire

Name: _____

Name you like to be called: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones: (Cell) _____ (Home) _____

Email address: _____

Date of Birth: _____ Weight: _____ Height: _____

Emergency Contact:

Name: _____ Address _____

Phones: (Cell) _____ (Home) _____

Your current profession:

How long have you practiced Yoga?

How long have you had personal/ home practice?

Are you teaching Yoga? Y N If yes, when and where were you certified?

Please briefly let us know your Yoga history, experience, styles practiced and previous training:

Purposes for taking the course:

Have you read Yoga Beyond Belief? Y N (Yoga Beyond Belief by Ganga White is required reading for this training.)

Any injuries or health issues:

How did you hear of us? Web search FaceBook LA Yoga

Friend or teacher _____ Other _____

Where would you like to stay? YURT LOFT CAMP (TENT: MINE WLF TENT)

PRIVATE *addl charge. Please call us for details.

Time and method of arrival:

Please attach a recent photograph. (Important to help us remember you and communicate now and in the future.)