## REGISTRATION Deepening Your Practice

June 22<sup>nd</sup> -28<sup>th</sup>, 2019

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 \$2100. 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:	ST/	NTE:	ZIP:
PHONE: (cell)	(home)		<u></u>
EMAIL:			
Balance in full is due <b>May 31<sup>st</sup>, 2019</b> .	Please make checks p	ayable to Whi	te 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):
			rogram for a \$150 fee if cancellation is is due three weeks prior to the start of the
Signature:			
White Lotus Foundati	on nhone	805) 964-194	4 email: info@whiteletus org

fax (805) 964-9617

http://www.whitelotus.org

2500 San Marcos Pass

Santa Barbara, CA 93105

**Email or** 

Fax to:

## 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:Weigh	ht:Height:
Emergency Contact:	
Name:	Address
Phones: (Cell)	(Home)
Your current profession:	
How long have you practiced Yoga?	
How long have you had personal/ home	e practice?
Are you teaching Voga? $\Box$ $\lor$ $\Box$ $\lor$ $\Box$ $\lor$	es 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:
□ <u>Please attach a recent photograph</u> . (Important to help us remember you and communicate now and in the future.)