REGISTRATION Restorative Yoga Training

March 3rd – 9th, 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 Restorative Yoga Training, which includes meals, accommodations and 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).

The course has a limited number of participants, so please reserve early. The training is sponsored by the White Lotus Foundation, a California nonprofit organization founded in 1967. 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:				
ADDRESS:				
CITY:	S	TATE:	ZIP:	
PHONE: (cell)	(home)			
EMAIL:				
Balance in full is due February 9th, 20	018. Please make ch	ecks 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 at least eight weeks prior to the start program.			program for a \$150 fee if cancellation is made le three weeks prior to the start of the	
Signature:				

email: info@whitelotus.org

http://www.whitelotus.org

White Lotus Foundation Restorative Yoga Training Questionnaire

Name:				
Address:				
City:Stat	State:Zip:			
Phones: (Cell)	(Home)			
Email address:				
Date of Birth:Weight:				
Emergency Contact:				
Name:	_Address			
Phone: (Cell)	(Home)			
Your current profession:				
How long have you practiced Yoga?				
Previous training experience:				
Are you teaching Yoga? □ Y □ N If yes, when and where were you certified?				
Environment or current population you are working with:				
Purposes for taking the course:				

Any injuries or health issues:

How did you hear of us? ☐ Web search ☐ FaceBook ☐ LA Yoga	
□ Friend or teacher □	1 Other
Where would you like to stay? \Box YURT \Box LOFT \Box CAMP (TENT:	☐ MINE ☐ WLF TENT)
☐ PRIVATE *addl charge. Please call us for details.	
Time and method of arrival:	
Time and method of arrival.	
□ <u>Please attach a recent photograph</u> . (Important to help us remember y future.)	ou and communicate now and in the