

Registration Form:

**RIDING the WAVES
Yoga & Surf Retreat
June 27-July 3, 2010**

Name: _____

Address: _____ Town: _____

State: _____ Zip: _____

E-Mail for Trip Coordination/Questions etc: _____

Phone 1: _____ PH 2: _____

Name of Roommate: _____

Amount enclosed: _____ Deposit /full amount (circle 1)

***** Make checks payable to: Bindu Yoga Studio

Food Allergies or restrictions: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Brief yoga background: _____

I am in good general health and feel physically capable and ready to engage in physical yoga movement. I recognize the potential risk in any physical exercise and take responsibility for determining my own level of participation based on my body's responses.

**I understand the deposit of \$500 is non-refundable
I understand total amount is due May 27, 2010**

Signature: _____ Date: _____

Retreat fee: \$1695 per person double occupancy
\$1995 single occupancy (limited)

Mail to: Bindu Yoga Studio
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ph: 561-233-9882 www.bindu-studio.com email: binduyoga@comcast.net