

# REGISTRATION Therapeutic Yoga

**February 20 - 26, 2010**

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

The donation for the Therapeutic Yoga Training, which includes meals & accommodations is \$1550. A deposit of \$400 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 \$100 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 trip insurance covering the program and air travel, available from Travel Guard ([www.travelguard.com](http://www.travelguard.com) or 800-826-1300) or Travel Insure ([www.travelinsure.com](http://www.travelinsure.com) or 800-937-1387).

Balance in full is due January 29<sup>th</sup>, 2010. Please make checks payable to White Lotus Foundation.

Enclosed is a deposit of \$\_\_\_\_\_ for \_\_\_\_\_ places (\$400 per place)

CHECK #: \_\_\_\_\_ or

CARD TYPE:     MasterCard     Visa

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Please check that which applies:**

Bodyworker     Yoga Teacher     Healthcare Professional     Nurse     Acupuncturist

**Mail or fax to:**

White Lotus Foundation  
2500 San Marcos Pass  
Santa Barbara, CA 93105  
Phone: 805.964.1944  
Fax: 805.964.9617

The 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. If you have any questions about the course or tuition, please feel free to contact us. Additional information, directions to the Center, and a list of items to bring will be supplied to registrants.

# White Lotus Foundation Therapeutic Yoga Training Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Your Profession:

Environment &/or population currently working with:

Previous training experience:

Purposes for taking the course:

Any injuries or illnesses:

How did you hear of our course?

Time and method of arrival:

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