

Ambuja Yoga, LLC. Retreat Registration Form
Yoga & Surf Retreat in Nicaragua, February 25- March 4, 2017

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Phone (C) _____ (H) _____ (W) _____

Email _____

How did you hear about this retreat? _____

Do you have previous yoga experience? _____ If yes, how long: _____

What style(s) of yoga do you practice? _____

Do you have any current injuries, health conditions or chronic pain that may affect your comfort/ participation during this retreat? If yes, please explain. _____

What do you hope to achieve by attending this retreat? _____

Dietary Concerns/Restrictions _____

Please Check Your Preferred Accommodation**:

___ \$1425 per person/ Triple Occupancy Private Bath

___ \$1580 per person/ Double Occupancy Private Bath

___ \$2105 per person/ Single Occupancy Private Bath

** Book and pay in full by December 1, 2016 and receive \$175 off per person.**

Preferred Roommate(s): _____

Payment Options:

I, _____, choose the following payment option:

(please initial one of the following options)

___ Option 1: Pay deposit (50%) at signing; balance due February 1, 2017

___ Option 2: Pay in full

___ Option 3: Enroll in Payment Plan A

___ Option 4: Enroll in Payment Plan B

Options 1 & 2: (Administrative Use)

___ 50% deposit Paid On: _____ Initials: _____
___ Remaining Balance Due: _____ Initials: _____ Paid On: _____ Initials: _____
___ Balance due by February 1, 2017. Paid in Full On: _____ Initials: _____

Option 3: Plan A (Administrative Use):

___ 50% deposit due at signing Paid On: _____ Initials: _____
___ \$400 due January 1, 2017 Paid: _____ Initials: _____
___ Balance due February 1, 2017 Paid: _____ Initials: _____

Option 4: Plan B (Administrative Use):

___ 50% due at signing Paid On: _____ Initials: _____
___ \$200 due November 1, 2016 Paid: _____ Initials: _____
___ \$200 due December 1, 2016 Paid: _____ Initials: _____
___ \$200 due January 1, 2017 Paid: _____ Initials: _____
___ Balance due February 1, 2017 Paid: _____ Initials: _____

Flight Information

Arrival: Date _____
Airline _____ Flight # _____ Time of Arrival: _____

Departure: Date _____
Airline _____ Flight # _____ Time of Departure: _____

I, _____, understand that I am responsible for arranging my own travel. I also understand that air travel is not included in the retreat pricing. Initials _____

Medical Insurance Information

Provider _____ Group and/or Policy # _____
Primary Care Physician: _____ Contact: _____

Travel Insurance Information (Required)

Provider _____ Group and/or Policy # _____

Contact _____

Ambuja Yoga Retreat Payment, Refund & Cancellation Policy

1. The deposit amount is refundable until December 1, 2016 less any associated bank fees. After December 1, 2016 the deposit becomes non-refundable. However, if you can fill your space your deposit may be transferred to another individual.
2. If written Notice of Cancellation is received between December 2, 2016 and January 1, 2017 the refund amount will be as follows: amount paid less bank fees (if applicable) less non-refundable deposit less \$100 office fee.
3. If written Notice of Cancellation is received after January 1, 2017 there will be no refund granted.
4. If Ambuja Yoga must cancel the retreat due to illness, death, or extenuating circumstances 100% of money paid to Ambuja Yoga will be refunded within 30 days of retreat cancellation. Ambuja Yoga is not responsible for guest costs & expenses incurred in preparation for any canceled trips.
5. Final payment must be received by February 1, 2017 unless otherwise authorized by Ambuja Yoga.

By signing below I acknowledge that I have answered all questions honestly and that I have read and understand the Ambuja Yoga Retreat Payment, Refund & Cancellation Policy.

Signature: _____ Date: _____