

Ambuja Yoga, LLC. Retreat Registration Form  
Bali Indonesia November 12-18, 2016

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 effect 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:

Accommodation

\_\_\_ Single Occupancy \$1590 USD per person

\_\_\_ Double Occupancy \$1390 USD 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 October 8, 2016

\_\_\_ 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 October 8, 2016. Paid in Full On: \_\_\_\_\_ Initials: \_\_\_\_\_

Option 3: Plan A (Administrative Use):

\_\_\_ 50% deposit due at signing Paid On: \_\_\_\_\_ Initials: \_\_\_\_\_  
\_\_\_ \$400 due August 15, 2016 Paid: \_\_\_\_\_ Initials: \_\_\_\_\_  
\_\_\_ Balance due October 8, 2016 Paid: \_\_\_\_\_ Initials: \_\_\_\_\_

Option 4: Plan B (Administrative Use):

\_\_\_ 50% due at signing Paid On: \_\_\_\_\_ Initials: \_\_\_\_\_  
\_\_\_ \$200 due June 15, 2016 Paid: \_\_\_\_\_ Initials: \_\_\_\_\_  
\_\_\_ \$200 due July 15, 2016 Paid: \_\_\_\_\_ Initials: \_\_\_\_\_  
\_\_\_ \$200 due August 15, 2016 Paid: \_\_\_\_\_ Initials: \_\_\_\_\_  
\_\_\_ Balance due October 8, 2016 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

Provider \_\_\_\_\_ Group and/or Policy # \_\_\_\_\_

Contact \_\_\_\_\_

Ambuja Yoga Retreat Payment, Refund & Cancellation Policy

1. The deposit amount is refundable until July 15, 2016 less any associated bank fees. After July 15, 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 July 16, 2016 and August 15, 2016 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 August 15, 2016 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 October 8, 2016 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: \_\_\_\_\_