

TMI YOGA RETREAT REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Emergency Contact: _____ Phone _____

Dates of Retreat your registering for: _____

Cabin request _____

Amount paid _____

Injuries, yoga experience, diet restrictions and specific goals?

FOR MORE INFORMATION: www.carolfaulkner yoga.com go to RETREATS and/or CONTACT
or call Carol at 617-492-5246

Please make checks out and send payments to: Carol Faulkner, 220 Pearl St., Cambridge, MA 02139

CANCELLATION POLICY

Refunds can be made up to June 1st. After June 1st there are no refunds unless there is a replacement.
\$100 security deposit is non-refundable.

By signing below, I acknowledge that I understand that yoga is a physical exercise and as such contains the possibility of injury. I will not hold Carol Faulkner liable for any injury that I may incur as a result of participating in a yoga class with Carol Faulkner. If I have any health concerns, I will consult my primary health care provider before participating in class.

Signature

Date