

Body Tuning Balance Therapies LLC

Balance Yoga Retreats

Registration Form

Name of retreat:

Date of tour:

Personal Information

Name:

Address:

Phone: home: work: cell:

E-mail:

Passport number, country of issue & expiration date:

Country of Citizenship:

Age: Sex: Occupation:

Why are you interested in this retreat?

yoga level (beginner, intermediate, advanced):

Yoga background:

Other current sports/activities:

International travel experience & foreign languages spoken:

Other recent activity trips:

Medical information

In the event of an accident, please notify:

Phone:

Address:

Relationship:

Medical insurance

You must have proof of current medical insurance coverage as indicated below. Please bring your insurance card and documentation with you on the trip. In addition it is strongly suggested you have additional short term travel insurance which includes trip cancellation, medical and evacuation insurance.

Company name:

Policy number:

Phone number:

Current medical issues:

Past medical issues:

Medications:

Do you wear prescription glasses or contacts:

If so, it is recommended to bring a spare set and wear glasses that are appropriate for sport activities.

I plan on purchasing additional medical insurance:

I plan on purchasing evacuation insurance:

I plan on purchasing trip cancellation insurance:

Signed:

Dated:

Please register me for:

Name of retreat:

Date of retreat:

Fees: \$

Body Tuning Balance Therapies, LLC

Balance Yoga Retreats

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