

VINYASA/KIRTAN RETREAT with ROLF GATES + GIRISH

*Esalen Institute, Big Sur CA-February 7th-12th, 2010*

REGISTRATION

CONTACT INFORMATION:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_

PHYSICAL HEALTH:

Under physicians care: yes no

If yes, for what reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have Epilepsy? yes no

Do you have Diabetes? yes no

Are you currently seeking mental health care? yes no

If yes, for what reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL HEALTH CONTINUED:**

Please list any current medications:

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Have you ever been hospitalized? yes no

If yes, for what reason:

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What is your past history with yoga practice? Please list any past workshops or intensives with Rolf Gates:

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**INTENTION SETTING:**

Please take a moment to write down what you want out of this Teacher Training. There is a power in writing down goals, sharing them and then referring to them often. What is your intention for taking this program?

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Is there anything else you would like us to know?

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**PAYMENT OPTIONS:**

**NOTE: EARLY REGISTRATION--BY AUGUST 21st , 2009**

<input type="checkbox"/> \$1375 (Bunk Rate--4/room) (\$1475 AFTER AUG 21st)
<input type="checkbox"/> \$1550 (Double Shared Room) (\$1775 AFTER AUG 21st)
<input type="checkbox"/> \$500 deposit (for any of the above plans)

**Payment Method\***

Name (as it appears on billing card): \_\_\_\_\_

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

Card Type: MC / VISA / AMEX / DISC

Card #: \_\_\_\_\_

Exp: \_\_\_ / \_\_\_ / \_\_\_

Sec # (on back of card): \_\_\_\_\_

*\*Please note that this information can also be taken by phone*

<p>Please note that upon acceptance of your application a \$500 non-refundable deposit will be charged.</p> <p>The remainder of your balance will be charged on August 21st, 2009 OR January 1st, 2010 Or based on the schedule in your payment plan contract. Contact <u>Mariam Gates</u> with any payment inquiries. <a href="mailto:mariam@rolfgates.com">mariam@rolfgates.com</a> 617-271-7106 (direct line)</p> <p><b>Refund/Non-Refund Policy:</b> Cancellations must be made 60 days before the start of the Retreat. We can not offer any refunds for cancellations within 60 days of the event, but a credit towards a future programs may be available.</p>
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