

To Register for retreat, please complete this form.

Full Name: \_\_\_\_\_ Age \_\_\_\_\_

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

Phone: Work/Cell \_\_\_\_\_ Home \_\_\_\_\_

Email: \_\_\_\_\_

Previous Experience with Yoga:

Length of time practicing (# months/years) \_\_\_\_\_

Please list any injuries/physical conditions you are currently working with:

Previous Experience with Meditation:

Length of time practicing (# months/years) \_\_\_\_\_

I recognize that the practices of yoga and meditation can be physically, emotionally and psychologically challenging. I hereby recognize that I am responsible for knowing my own limitations, and acknowledge that Cator Shachoy, and Sierra Hot Springs are not responsible for any injury that may result from my voluntary participation in this event.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail completed form & deposit to: PO BOX 3452, Daly City, CA 94015.