

Ambuja Yoga, LLC. Retreat Registration Form
Yoga & Adventure Retreat in Nicaragua, April 6-14, 2018

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 affect 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**:

Standard Accommodation

___ \$1838 USD per person double occupancy

Budget Accommodation

___ \$1578 USD per person double occupancy

___ \$1538 USD per person triple occupancy

Preferred Roommate(s): _____

**Book by the end of December 2017 and receive \$175 off with code GIVINGTUESDAY175

Payment Options:

I, _____, choose the following payment option:

(please initial one of the following options)

___ Option 1: Pay deposit (50%) at signing; balance due March 1, 2018

___ 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 March 1, 2018. Paid in Full On: _____ Initials: _____

Option 3: Plan A (Administrative Use):

___ 50% deposit due at signing Paid On: _____ Initials: _____

___ \$400 due February 1, 2018 Paid: _____ Initials: _____

___ Balance due March 1, 2018 Paid: _____ Initials: _____

Option 4: Plan B (Administrative Use):

___ 50% due at signing Paid On: _____ Initials: _____

___ \$200 due January 1, 2018 Paid: _____ Initials: _____

___ \$200 due February 1, 2018 Paid: _____ Initials: _____

___ \$200 due March 1, 2018 Paid: _____ Initials: _____

___ Balance due March 15, 2018 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 (Required)

Provider _____ Group and/or Policy # _____

Contact _____

Ambuja Yoga Retreat Payment, Refund & Cancellation Policy

1. The deposit amount is refundable until January 1, 2018 less any associated bank fees. After January 1, 2018 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 January 2, 2018 and February 1, 2018 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 February 1, 2018 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's costs and expenses incurred in preparation for any canceled trips.
5. Final payment must be received by March 15, 2017 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: _____