

LIVING YOGA PROGRAM Registration

Yoga Alliance (YA) Track

Date: _____

Name Male ___ Female ___
 Address.....
 City/State/Zip.....
 Daytime Telephone () Evening Telephone ()
 E-mail address
 Emergency contact name/relationship..... Contact phone (H/W/Cell)

By completing this form, I certify that I have read the refund policy (from the LYP Application Form) and agree to its provisions. Initials _____

EVENT REGISTRATION AND FEES - Prices include all meals (delicious vegetarian food) during training.

Register for event with "✓"	Event Dates	EVENT NAME	Early Bird Registration	Regular Registration	Price
Living Yoga Program 9-day Intensives, 2010					
	Jul 16–25	Module 1 – 9-day Foundations Intensive (Prices includes \$270 for meals)	\$1,920 (prior to 6/16/10)	\$2,020 (after 6/16/10)	
Texas Yoga Retreat, 2010					
	Oct 20-21	Module 2 - Anatomy for Yoga Wed & Thur, 9am – 9pm daily	\$350 (prior to 9/20/10)	\$400 (after 9/20/10)	
	Oct 22-24	Module 3 – Texas Yoga Retreat Friday – Sunday, 7am – 9:30pm daily	\$530 (prior to 9/20/10)	\$570 (after 9/20/10)	
	Oct 25	Module 4a – Day of training with Charles MacInerney , Mon 7am – 9:30pm	\$240 (prior to 9/20/10)	\$260 (after 9/20/10)	
	Oct 26	Module 4b – Restorative Flow training with Donna Belk , Tue 7am – 9:30pm	\$240 (prior to 9/20/10)	\$260 (after 9/20/10)	
	Oct 27	Module 4c – Day of training with Ellen Smith , Wed 7am - 9:30pm	\$240 (prior to 9/20/10)	\$260 (after 9/20/10)	
- OR -					
	Oct 20-27	Modules 2, 3, & 4 (a, b & c) (Save \$50 by registering for all 5 modules)	\$1,550 (prior to 9/20/10)	\$1,700 (after 9/20/10)	
Living Yoga Program 9-day Intensives, 2011					
	Jan 21–30	Module 1 – 9-day Foundations Intensive (Prices includes \$270 for meals)	\$1,920 (prior to 12/21/10)	\$2,020 (after 12/21/10)	
	Jul 22–31	Module 1 – 9-day Foundations Intensive (Prices includes \$270 for meals)	\$1,920 (prior to 6/22/11)	\$2,020 (after 6/22/11)	

TOTAL EVENT FEE (Subtotal 1): \$ _____

ACCOMMODATION FEES – Accommodations at Barsana Dham are not included in the Event fees. On-site accommodations are required for Module 1, but are optional for Modules 2-4. Beds are twin and include sheets, blanket, pillow, towels, and soap. Fill out the information below to calculate your accommodations costs. Put a "✓" by the type of room you wish to have (e.g. shared bath or bath in room).

	SHARED BATH	BATH IN ROOM	# NIGHTS	ARRIVAL DATE	DEPART DATE	Total Price
1 PERSON	\$100/night	\$115/night				
2 PEOPLE	\$90/night	\$100/night				
4 PEOPLE	\$65/night	\$85/night				

TOTAL ACCOMMODATIONS FEE (Subtotal 2): _____

Since we are reserving rooms in an ashram, we cannot guarantee room choices. We may need to upgrade or downgrade your room choice depending upon availability. Should this happen, we will phone you first to discuss your options so you can make the choice of which way to go. Please indicate here what your 2nd choice for a room will be in the event that your first choice is not available.

2nd Choice for room: _____

Name of person(s) with whom you would like to share a room, if applicable _____

* We will do our best to accommodate your roommate choice, but we cannot guarantee this based upon room availability and number of attendees.)

** If you are staying in shared rooms and do not have a preference we will place you with a roommate(s).

PAYMENT

A \$150 non-refundable deposit reserves your place. The balance of your fees is due 30 days prior to the event.

_____ Total Events Fee (Sub Total 1)
_____ Total Accommodations Fee (Sub Total 2)
_____ Non-refundable \$150 Living Yoga Program Application Fee
_____ **Grand Total** (check payment method below)
_____ Amount I am paying now (the \$150 Application Fee will hold your place. If you are not in LYP, a \$150 deposit will hold your place)
_____ Amount still owed to Living Yoga Program, if applicable

_____ Pay by Check or money order (payable to *Living Yoga Program*)
_____ I authorize the Living Yoga Program to charge my Credit Card (Visa, MasterCard, Discover) for the dollar amount above.

Name on card _____

Card type: ___ Visa ___ MasterCard ___ Discover (please note that we do not accept American Express)

Expiration Date (mm/yy) ____ / ____

Card Number _____ / _____ / _____ / _____

TOTAL Amount to charge: _____

EMAIL REGISTRATION TO:

Ellen B. Smith

ebsmith@austin.rr.com

OR

MAIL REGISTRATION TO:

Living Yoga Program

C/O Ellen B. Smith

8206 Stillwood Lane

Austin, Texas 78757-7635

Once registered, we will E-mail a receipt to you.

www.livingyogaprogram.com

Building a caring, diverse, and empowered yoga community.