



Be sure to complete the following:

1. Primary application
2. Program Participation Agreement
3. Payment Sign-up Form
4. **Short essay describing why you want to take this immersion.**

You may submit this form or send an email with the subject line "Application for Yoga Immersion" to Kat@rinayoga.com

PARTICIPANT AGREEMENT

Upon confirmation of their enrollment, participants will submit their reservation deposit and make payment as noted. There is a \$100 cancellation fee up to 15 days prior to the start of the program. The balance minus the deposit will be refunded or the remaining amount applied to future events & workshops.

By signing and dating the enrollment form and participant agreement, each applicant is responsible for making sure they are in good health and have consulted with a physician prior to starting the program. In addition, each participant takes full responsibility for his or her health, and any pain or injuries arising from participation in classes, physical exercises and postures, or from being on the premises and from use of any of the facilities in private or public areas in which training occurs. He or she holds neither Rina Yoga nor Rina Jakubowicz or any of the instructors responsible for any injury or disturbances that they may incur.

Any payments that are not received by the date indicated below will be subject to an increase of \$15 for every three days that the payment is not made.

Participants will be notified about books, supplies, and schedules when they become available.

Participant Signature

Date



Immersion Registration Form

Enrollment is limited to 30 participants. It is recommended that you submit your application as early as possible, but no later than December 20, 2016. Last minute applications may be accepted if space is available.

Please return completed form to Kat@RinaYoga.com

Last Name

First Name

MI

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone

Date of Birth

Email Address

Emergency Contact

Contact Phone Number

Do you have any known food allergies? No Yes: _____

Do you have any Medical Conditions? No Yes: _____



Payment Sign-Up Form

Full Name (as it appears on your credit card)

Street Address (as it appears on your credit card billing)

City

State

Zip

PAYMENT PLAN SELECTION

Early Bird: \$850 (Payment must be received by November 20)

Tuition: \$1200

Payment plan: \$1305

*[\$600 non-refundable deposit due immediately plus 3 installments of \$235] **

Tuition includes training & training manual.

*Late fees apply.

PAYMENT METHOD

Cash

Check (payable to Rina Yoga)

Master Card*

Visa Card*

**A 3% service fee applies to all credit card charges*

Full Name (as it appears on your credit card)

Credit Card Number

Expiration Date

Security Code

Amount to be charged

Signature

Date