

## Registration Form: Yoga Workshop/Retreat October 21-23, 2011

*Please fill out Registration Form and mail with your payment payable to:  
Pam Davis, LMT, RYT, PO Box 600423, St. Johns, FL 32260*

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: (street, city, state, zip code) \_\_\_\_\_

\_\_\_\_\_

Please check Registration Option:

Workshop and two nights stay – meals included \$325

Commuter: Workshop and meals – no overnight stay \$275

If you are under a physicians care, please list condition(s) you are being treated for. Also, please list any health concerns you may have. \_\_\_\_\_

\_\_\_\_\_

Massage Therapists: License number and state (if you are licensed in more than one state, please list all states and license numbers) \_\_\_\_\_

Yoga Experience:  1<sup>st</sup> time yoga student  Beginner  Intermediate  Advanced