

**Transformational Power of Yoga - Yoga Wellness Retreat**  
**Hepburn Springs**  
**Friday 18<sup>th</sup> to Sunday 20<sup>th</sup> March 2011**  
**Registration Form**

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

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

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

Tel: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

DOB: \_\_\_\_\_ (optional) Occupation: \_\_\_\_\_

Contact person (in case of emergency) Name / Phone: \_\_\_\_\_

**Yoga/Medical History**

Previous yoga experience (if any): \_\_\_\_\_

Please describe your general physical health: \_\_\_\_\_

Please indicate (with an x) if you suffer from, or have ever been treated for any of the following:

<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Knee problems/surgery
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Clinical depression	<input type="checkbox"/>	Low blood pressure
<input type="checkbox"/>	Back problems	<input type="checkbox"/>	Neck problems	<input type="checkbox"/>	High blood pressure
<input type="checkbox"/>	Eye conditions	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Heart conditions

Please provide more details if necessary, or of any other relevant medical conditions:

Are you pregnant? Yes  No  If yes, how many weeks \_\_\_\_\_

Are you taking any medication that I should know about: Yes  No

If yes, please provide details: \_\_\_\_\_

What are the main reasons you are interested in attending this retreat? \_\_\_\_\_

Please advise any special dietary requirements (all meals are vegan) \_\_\_\_\_

**Accommodation Preference**

Please note single rooms are limited and will be allocated to the first bookings.

Share Room \$340  OR Single Room \$395

I enclose my (non-refundable) deposit of \$100

Please make cheque payable to:  
**Julia Jones** and post to: **57/211 Wellington Parade South, East Melbourne VIC 3002**  
 Or

EFT payment option available, please contact Julia at [julia\\_jones@optusnet.com.au](mailto:julia_jones@optusnet.com.au) for account details.

I accept full responsibility for my health, well-being and personal belongings while attending the yoga retreat.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_