

*Moon over Molokai  
A Magical Yoga Retreat*



2520 Roosevelt Blvd.  
Oxnard, CA 93035  
[www.TheYogaChannel.net](http://www.TheYogaChannel.net)  
TYC2520@yahoo.com

*Yoga Retreat Registration*

Fill out a separate registration form for each participant

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DO YOU HAVE DIETARY RESTRICTIONS? \_\_\_\_\_

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Payment Information: \$1499.00 (50% due at registration, balance due by August 30, 2010)

Retreat fee is payable by check, or credit card. Credit card payment is accepted by mail or phone.

Paying by check # \_\_\_\_\_ (make checks payable to: The Yoga Channel)



Paying by Credit Card:  Visa  MasterCard

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Signature of credit card holder: \_\_\_\_\_

If billing address is different from above address, please provide:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_



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HEALTH INFORMATION

WHAT IS YOUR PRESENT STATE OF GENERAL HEALTH? \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_

PHYSICIAN PHONE \_\_\_\_\_

ARE YOU PRESENTLY TAKING ANY MEDICATION?

DO YOU NOW OR HAVE YOU HAD WITHIN THE PAST YEAR?

	YES	NO
A HISTORY OF HEART PROBLEMS?	_____	_____
HIGH BLOOD PRESSURE?	_____	_____
DIFFICULTY WITH PHYSICAL EXERCISE?	_____	_____
A CHRONIC ILLNESS?	_____	_____
MUSCLE, JOINT, OR BACK DISORDER?	_____	_____
RECENT SURGERY (WITHIN 3 MO.)?	_____	_____
HISTORY OF LUNG PROBLEMS?	_____	_____
DIABETES?	_____	_____
HIGH BLOOD CHOLESTEROL?	_____	_____

LIABILITY WAIVER

I voluntarily assume all risk of loss, injury, or damage to my person, to the person or my property, and I hold Maribeth Hammond, or her representatives and Papapa Plantation harmless against all losses, injuries, damages, claims, demands and expenses, whether compensatory, exemplary, or punitive and whether caused by negligence or otherwise. I acknowledge that all instruction or suggestions made with regard to exercise are neither diagnostic nor prescriptive.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE