

Staff \_\_\_\_\_

the pilgrimage of the heart



BALANCE  
STRENGTH  
FLEXIBILITY

# Pilgrimage of the Heart Yoga Balance & Bliss: A New Year's Yoga Immersion

Thank you for taking the time to fill out this form completely. Your answers will help us create the best possible program for you.

Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Male \_\_\_ Female \_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Illnesses: \_\_\_\_\_ Prescribed Medications: \_\_\_\_\_

Emergency Contact Information:

Name	Relationship	Phone
------	--------------	-------

Signature of Applicant (Also parent/guardian if under 18)	Date
---	------

**You will receive an email of acceptance once your application has been reviewed.**

**We look forward to working with you on this exciting and life transforming program!**

Continues on back...

