

Registration Form

11th May to 17th May, 2009



FIRST NAME _____	LAST NAME _____		
DATE OF BIRTH _____	SEX M / F _____	NATIONALITY _____	
ADDRESS _____	P O BOX NO _____	CITY _____	
COUNTRY _____	EMAIL _____		
PHONE (Home) _____	(Work) _____	(Mobile) _____	(FAX) _____
COMPANY _____	OCCUPATION _____		

ARRIVAL DATE _____	FLIGHT NO. _____	DEPARTURE DATE _____	FLIGHT NO. _____
NUMBER OF ADULTS OCCUPYING ROOM _____	ROOM PREFERENCE:	<input type="radio"/> SINGLE BEDS	<input type="radio"/> DOUBLE BED
IF SHARING A ROOM, FULL NAME OF SHARING GUEST _____			
FROM WHERE DID YOU LEARN ABOUT THE 'SPIRIT OF GOLF' RETREAT _____			

HOW LONG HAVE YOU BEEN PLAYING GOLF? _____	YOUR HANDICAP _____
YOUR HOME GOLF CLUB _____	
LOCATION OF YOUR HOME GOLF CLUB _____	

Briefly describe your physical and mental health: _____

Please indicate if you have any of these conditions

- | | | |
|--------------------------------|---|-------------------------------------|
| <input type="radio"/> Asthma | <input type="radio"/> High Blood Pressure | <input type="radio"/> Heart disease |
| <input type="radio"/> Epilepsy | <input type="radio"/> Breathing problems | <input type="radio"/> Pregnancy |

If you are under the care of a physician, or have been recently hospitalised, please describe: _____

If you have a history of mental illness or are under the care of a psychiatrist, please describe: _____

Please describe in detail any medication you are taking: _____

Please list any meditation techniques or self-development courses/techniques you have done

Date	Course/Technique	Experience

If you have ever taught yoga, meditation or any self-development programmes, please explain: _____

(It is compulsory to attend all sessions of the course. Use of tape recorders is prohibited)

I understand that any benefit derived from this course depends upon the extent of my participation. I therefore accept full responsibility for the outcome and I willingly agree to follow all instructions and to participate fully. I also agree that I will not disclose the content of this course to anyone. I further agree that I will not attempt to teach others any of the techniques used in the course until such time as I receive personal training from Sri Sri Ravi Shankar and the Art of Living Foundation.

SIGNATURE _____ DATE _____ PLACE _____

On signing and submitting this Registration Form, a non-refundable fee of US\$1,500 will be applicable. Credit card payments (American Express, MasterCard or VISA) may be accepted by the respective area designated agent at their terms & conditions. Bookings are only accepted subject to availability of required services such as accommodation, and are confirmed only upon receiving a confirmation receipt. It is recommended that you have luggage, accident, and trip cancellation insurance. We are not responsible for loss, damage or theft of luggage, or personal belongings, for personal injury, accident or illness. It is important for your own self-interest and protection that you make certain you have adequate coverage. Check with your insurance company or travel agent.

If any service or its reasonable equivalent is not provided due to events beyond reasonable control, appropriate refund of that portion of the price covering the undelivered service shall be made, but it is understood that there shall have no other or further responsibility or liability either for the accuracy of any representation or the non provision of any services.

SIGNATURE _____ DATE _____ PLACE _____

