

Lili Zohar JD, LL.M, RYT
Chakra Yoga Workshop Registration Form

Name: _____(please Print)

Address: _____

Email Address: _____

Phone (day): _____

Phone (evening): _____

Emergency Contact Info:

Yoga Experience _____

Interest in and/or Issues you want to work with:

Past Issues related to mental or physical health you want me to know about (confidential):

To Register, Mail this form including your signature below and enclose a check for \$360.00. Call me for the mailing address.

Payment plan can be arranged, if needed.

I _____ (your name printed) understand that yoga postures and breath practices may affect my physical and emotional health in ways not always predictable. I will hold Lili Zohar harmless for any liability related to this workshop or these practices.

----- *Name printed*

----- *Signature* ----- *Date*

(submit additional pages as necessary)

