

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

Name: _____

Address: _____

Email Address: _____

Phone (day): _____ Phone (evening): _____

Yoga Experience Level: _____

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

----- (submit additional pages as necessary)

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 \$250.00 (or \$220 if before 3/15/08). Call for the address.

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

Signature

Date