

**APPLICATION AND REGISTRATION FORM
FOR 2010 ANUSARA YOGA IMMERSION**
with Sianna Sherman at Shine Yoga Center (Cincinnati, Ohio)

Date _____

Name _____

Address: _____

Phone (Home): _____ Phone (Mobile): _____

E-mail: _____ Age _____

Website (if any): _____

Occupation: _____

I am applying for:

_____ Entire Immersion (all 3 phases) - \$1850

_____ Phase 1 (June 23-27) - \$675

_____ Phase 2 (August 18-22) - \$675

_____ Phase 3 (December 1-5) - \$675

Why do you want to take this Immersion, and what do you hope to gain?

YOGA EXPERIENCE:

How long have you practiced yoga? _____

What style(s) of yoga have you practiced? _____

Are you currently teaching yoga? _____

What tradition/style? _____

How long have you been teaching? _____

ANUSARA EXPERIENCE:

How long have you been studying Anusara Yoga? _____

Who have your primary teachers been? _____

Approximately how many hours of Anusara study have you completed (1 classroom hour = 1 credit hour): _____

Please list any Anusara Yoga Immersions, Teacher Trainings or workshops you have attended: _____

Please let us know about any injuries, physical conditions, or psychological issues that you feel might get in the way of your full participation. This information is confidential and will help us serve you better: _____

Please choose payment amount:

_____ \$1850 for entire Immersion (due by April 30, 2010)

_____ \$675 for Phase 1 (due June 16, 2010)

_____ \$675 for Phase 2 (due August 11, 2010)

_____ \$675 for Phase 3 (Due November 24, 2010)

_____ total payment due

Choose method of payment:

_____ I will send or deliver a check payable to Shine Yoga Center by the due date

_____ I will register and pay on-line by the due date at www.shineyoga.com

_____ I will call in with credit card information by the due date (513-533-9642)

Refund Policy:

If you register for any part of the Immersion and cancel more than one week before that phase begins, you will receive a refund for the entire amount paid, less a **\$50 processing fee for each phase that you cancel**. No refunds are given if you cancel less than one week before the course begins unless your space can be filled from a waiting list, and the processing fee noted above will be deducted.

I certify that all information in this application is true and accurate to the best of my knowledge, and I have read, understand, and agree to the above terms and policies.

SIGNATURE _____ DATE _____

PRINT NAME _____

Please print out and complete this Application and Registration Form, and either:

(1) Mail it to:
Shine Yoga Center
3330 Erie Ave., #15
Cincinnati, OH 45208

(2) fax it to 513-984-3268 (please call before sending); or

(3) scan it in and e-mail it to info@shineyoga.com

Please call or e-mail with any questions: 513-533-9642 or info@shineyoga.com