

Costa Rica Yoga Adventure

Application Form

Please Complete this application form with risk waiver and mail your deposit or full payment (checks or cash only, made out to Melora Gregory) to:

Melora Gregory
18 Farm Hill Rd
Cape Elizabeth, Maine 04107

Your full name _____

Address _____

Home/Cell Phone _____

E-mail _____

Fax _____

Passport Number _____ Place of Issue _____

Date of Issue _____ Citizenship _____

Gender _____ Age _____ Occupation _____

I will share a room _____ I prefer a single room at the extra cost _____

Briefly describe your outdoor and yoga background:

Please explain and list any chronic illnesses, injuries, allergies or health issues that we should be aware of:

In case of an emergency, please notify _____

Address _____

Phone _____ Relation _____

We recommend that you purchase short-term travel insurance, which includes trip cancellation insurance and medical insurance if your current policy does not cover you while traveling abroad. We require that all participants have medical insurance.

Name of insurance company _____

Company's Phone Number and Address _____

I plan on purchasing medical insurance _____ and/or trip cancellation insurance _____

Thank you!