



YOGA DIWALI

India 2017

Application / Registration

Oct. 10th - 22nd, 2017

CONTACT INFORMATION

FIRST NAME

DATE OF BIRTH

LAST NAME

GENDER

NAME AS IT APPEARS ON PASSPORT

CONTACT, IN CASE OF EMERGENCY

(NAME, E-MAIL, PHONE & RELATIONSHIP)

PASSPORT NUMBER

VISA NUMBER (IF AVAILABLE)

ARE YOU TRAVELING WITH ANOTHER PROGRAM

PARTICIPANT? IS THERE SOMEONE WITH WHOM YOU

WISH TO SHARE A ROOM? ☐ YES ☐ NO

EMAIL

NAME

PHONE

HAVE YOU VISITED:

MOUNT MADONNA CENTER?

☐ YES ☐ NO

SRI RAM ASHRAM?

☐ YES ☐ NO

INDIA

☐ YES ☐ NO

SALT SPRING CENTRE

☐ YES ☐ NO

ADDRESS

CITY

DESCRIBE THE PROGRAM YOU ATTENDED AND YOUR
EXPERIENCE:

STATE / ZIP CODE



YOGA DIWALI India 2017

Application / Registration

Oct. 10th - 22nd, 2017

HEALTH

All participants must be in possession of a valid health insurance plan, which would cover any necessary treatment in the unlikely event of a medical emergency. If your healthcare plan does not cover international travel, please purchase travel health insurance – there are many options available online at a nominal cost.

It is always a good idea when going on an overseas trip to first have a medical and, if possible, a dental check-up.

Anyone who has a severe health problem or significant health weaknesses should wait until their health improves. We strongly recommend that those with health concerns get medical clearance from their doctor. It is important to bring all your own medicine with you.

DO YOU HAVE A HEALTH OR MEDICAL CONDITION?

☐

YES

☐

NO

DESCRIBE HOW IT IS BEING MANAGED AND INCLUDE MEDICATIONS

IF YOU HAVE A HEALTH OR MEDICAL CONDITION PLEASE DESCRIBE:

A.) HOW IT AFFECTS YOUR PRACTICE OF YOGA.

B.) HOW IT MAY AFFECT YOUR JOURNEY TO INDIA.

DESCRIBE ANY FOOD AND/OR MEDICATIONS ALLERGIES

DESCRIBE ANY DIETARY RESTRICTIONS



YOGA DIWALI India 2017

Application / Registration

Oct. 10th - 22nd, 2017

TELL US ABOUT YOUR YOGA EXPERIENCE

We look forward to offering a well-balanced program. All questions are asked with intention to learn about you more so we may create and design a healthy program itinerary.

IF YOU HAVE A CURRENT PRACTICE OF PRANAYAMA, MEDITATION, OR ASANA PLEASE DESCRIBE

WHAT INSPIRES YOU TO COME ON THIS JOURNEY?
PLEASE TELL US WHY THIS TRIP HAS MEANING FOR YOU.



YOGA DIWALI India 2017

Application / Registration

Oct. 10th - 22nd, 2017

HOW DID YOU HEAR ABOUT THE MOUNT MADONNA &
SRI RAM EXPERIENCE?

I HAVE READ AND UNDERSTAND THE APPLICATION
AND THE REQUIREMENTS, RECOMMENDATIONS,
AND GENERAL INFORMATION PAGE THAT FOLLOW.

We love to put names to faces! Please attach a photo to your
completed application.

SIGNATURE

DATE

WE LOVE TO PUT NAMES TO FACES!
PLEASE ATTACH A PHOTO ID WITH YOUR COMPLETED APPLICATION.

Please contact us at YogaIndia@mountmadonna.org with any questions



WE ARE LOOKING FORWARD
TO HEARING FROM YOU.

JOIN US FOR A SPECIAL RETREAT IN INDIA