

## Chakra Institute Registration Form

THREE-BODIES PURIFICATION RETREAT – FALL 2016

*Light on the Hill, 209 Blake Hill Road, Van Etten, New York 14889*

Submit your registration form and **non-refundable \$200 deposit** or payment in full on or before August 15 to receive a 10% discount on your retreat. Deposit fee and accommodation is included in all registration prices below. Please indicate your selected retreat package:

### **3-Day Retreat (Sept. 29 - Oct. 2)**

**\$522** [Registry on/before Aug. 15]

**\$580** [Registry after Aug. 15]

### **5-Day Retreat (Sept. 29 - Oct. 4)**

**\$792** [Registry on/before Aug. 15]

**\$880** [Registry after Aug. 15]

Please indicate whether you are paying in full at the time of registration or just the deposit:

**\$200 non-refundable deposit only**

**Full registration fee**

*For both programs, please arrive at Light on the Hill at **6pm** on Sept. 29. The first class will take place at 6:30pm. Departure time on the final day of both retreat programs is between **noon and 2pm** (after lunch). Please discuss any scheduling conflicts in advance with Chakra Institute so that we may best accommodate your needs.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**SPECIAL REQUIREMENTS** (gluten-free, hypoglycemic, other dietary/special needs, etc.):

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### **Method of Payment:**

Enclosed check/money order made out to: **Chakra Institute**

Online via Chakra Institute's web store: <http://its-store.pinnaclecart.com>

*For online payments, please email completed registration and health history forms to:*  
**[Admin@ChakraInstitute.com](mailto:Admin@ChakraInstitute.com)**

*For check/money orders, please send payment and completed forms to:*  
**Chakra Institute, PO Box 34, New Hope, PA 18938-9309**

## Chakra Institute Health History Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Do you have any serious medical conditions?  No  Yes:

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Do you currently have any allergies or sensitivities?  No  Yes:

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Are you currently taking any medications?  No  Yes:

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Additional information or special requirements:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information on preparing for your retreat, please visit: [www.ChakraInstitute.com](http://www.ChakraInstitute.com)  
Questions? Email: [admin@chakrainstitute.com](mailto:admin@chakrainstitute.com) - Phone (New Hope, PA): (215) 862-3768