



MY HEALTH YOGA

Yoga, Zen and Reiki- Japan Cultural Tour 2012 Application Form

First Name _____ Family Name _____

Address _____

Post code _____

Telephone Number _____ Mobile _____

E-mail Address _____

Date of Birth _____ Nationality _____

Passport Number _____ Expiry Date _____

Emergency Contact Person _____ Relationship _____

Emergency Contact number _____

Any special dietary requirements and allergies (food, animals, etc...)

Any relevant health/medical conditions

Duration of Your Yoga/Mediation/Reiki Experience (if you have any)

Why did you decide to join the tour? _____

Your travel plan (date and time of arrival/departure, airline, etc...)

Additional information/any questions

Application agreement:

In applying to your tour, I have supplied current information and details to the best of my knowledge. I understand that the schedule may change before/during the tour with notice. I understand the deposit is non refundable, except in extreme circumstances where proof of health or grievance is provided.

Signature _____ Date _____

**After you fill in the form, please submit it Yumi (29 Weal Ave, Tarragindi 4121) or scan the form and e-mail it to her (yumi@myhealthyoga.com)*