

kim's LifeTours llc

REGISTRATION FORM

Yoga in France: September 15-22, 2019 (7 nights)

NAME _____

ADDRESS _____

PHONE () _____

E-MAIL _____ BIRTHDATE _____

PASSPORT NUMBER _____ EXPIRATION DATE _____

ROOMING OPTIONS

_____ I would like to share a room with (roommate's name) _____

_____ I would like to share a room, if you have a roommate for me. (If not, I will pay the single supplement.)

_____ Single room (est. \$400 single supplement)

ANY CHRONIC/RECURRING HEALTH CONDITIONS _____

ANY DIETARY RESTRICTIONS _____

HEALTH INSURANCE COMPANY & POLICY # _____

CONTACT IN CASE OF EMERGENCY (name & phone)

SIGNATURE _____ **DATE** _____

**Please return this form with your \$300 (nonrefundable) deposit
(checks payable to Kim's LifeTours, LLC) to:**

Kim's LifeTours, LLC

**Kim O'Flaherty
2058 Royale Drive
Eagan MN 55122**