



# Satya Wellness

**Ayurveda and Yoga Retreat**

**August 5 to 7 2011 Beverly, MA 01915**

## Registration

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone Number Cell \_\_\_\_\_ Home \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_

Room required: Single \_\_\_\_\_ or double \_\_\_\_\_ sharing with: \_\_\_\_\_

Have you attended Perfect Health before? \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

Name of the instructor \_\_\_\_\_

Do you currently have a meditation practice? If yes, please list which technique(s) you are practicing. \_\_\_\_\_

\_\_\_\_\_

How is your health?

Mental \_\_\_\_\_

Physical \_\_\_\_\_

Please list any medication you are taking: \_\_\_\_\_

\_\_\_\_\_

Please list any dietary requirements \_\_\_\_\_

Emergency contact name and number \_\_\_\_\_

Do you have any injuries that may conflict with yoga practice? If yes, please list.

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

Please sign and mail with payment to

Christine Cronin Satya Wellness 9 Newbury Street Beverly MA 01915

Payment: check included  Please list check # \_\_\_\_\_

Please call for cash  or  credit card payment 978 430 6122

For Office use only:

Prakruti scores:

Mind: Vata \_\_\_\_\_ Pitta \_\_\_\_\_ Kapha \_\_\_\_\_

Body: Vata \_\_\_\_\_ Pitta \_\_\_\_\_ Kapha \_\_\_\_\_

Vikruti scores:

Mind: Vata \_\_\_\_\_ Pitta \_\_\_\_\_ Kapha \_\_\_\_\_

Body: Vata \_\_\_\_\_ Pitta \_\_\_\_\_ Kapha \_\_\_\_\_

