One-Day Retreat with Louix Dor Dempriey

REGISTRATION FORM

Date: Saturday, 7 November 2015

Time: 10:00 a.m. - 6:00 p.m. (Registration begins at 9:00 a.m.)

Location: THE SHOP Yoga Studio

1167 Woodside Ave, Park City, UT 84060

Cost: Adult \$150.00 (includes a vegan lunch)

Children's rates: Less than 3 years old: Free / Ages 3-11: \$40.00 / Ages 12-15: \$75.00

As a condition of participation in the **One-Day Retreat** on 7 November 2015 ("Retreat"), you are required to complete this Registration Form (separate forms must be completed for each adult and each child attending) and mail it to the address below, along with the registration fee of \$150.00 per adult (\$75 of which constitutes the non-refundable deposit), or you can register online at **www.LouixUT.org**. Once registered, you will receive a welcome packet along with additional forms to complete, which will be e-mailed (or mailed) to you, including a Liability Waiver, Recording Release, and Medical Information Form, all of which must be completed as a condition of participation in the Retreat. There will be no refunds after 7 October 2015 for any reason. Refunds may take up to 45 days to be issued.

	Yes, please register me for the One-I	Day Retreat with Louix Dor Dempriey.	
	Full Name:		
	Street Address:		
		_ State:Zip:	
	Phone: ()	E-mail:	
o	Enclosed is my payment of \$	via o Check (made payable to: Louix Dor D	empriey Foundation)
		o Credit Card o American Ex	•
		Card Number	
		Exp. Dat	te 3-digit Security # (located on back of card)
and/ as of and olde Med nam	for circumstances whatsoever arising befutlined in any advertising materials and conditions under which I am registering. The arising befut is a substantial to the	fore, during, and/or after the Retreat, including on any and all forms related to this Retreat. It go for this Retreat, that this form is legally be guaranteed until this completed Registration on the are received by the Louix Dor Dempriey Indused for commercial purposes.	as and assigns from all liability for any reason during participant's travel to and from Retreat, I also acknowledge that I understand the terms inding, and that I am eighteen years of age or Form, the Recording Release, Liability Waiver, Foundation. I do hereby consent to having my
Sign	nature of Participant (legal name):_		Today's date:///
		a minor (under the age of 18): I am the Parese on behalf of the above mentioned minor.	ent or Guardian of the minor named above and
Leg	al Name of Parent/Guardian:		
Sign	nature of Parent/Guardian:		Today's date://

For more information, please contact Samantha at: (773) 490-0422 or samantha@Louix.org

Please complete and return this form, along with payment, to:

Louix Dor Dempriey Foundation 25602 Alicia Parkway, # 407, Laguna Hills, CA 92653

Fax: (949) 269-0113 or online at www.LouixOC.org

