



Student Registration

Spiritual Series (Moving into Balance, Life Purpose and Love & Intimacy as Spiritual Practice)

Registering for: MIB Life Purpose L&I as Spiritual Practice

Name _____ Date _____

Address _____

Home Phone _____ Cell or work phone _____

Email _____

Date of Birth _____ Time of birth (if you know) _____ Sex _____

How did you find out about us? _____

What is your intention in taking this class? _____

Do you have any prior yoga/meditation experience? What style? How long?

What physical activities do you regularly participate in? _____

Do you have any illnesses, injuries or physical limitations we should know about?

Is there anything else you would like us to know about you? _____

Emergency Contact - Name _____ Phone _____