

# Mathews School of Yoga

## Registration Form – Twists & Arm Balances Workshop - May 15, 2010

**Date and time:** Saturday, May 15, 2010 from 10:00 am until 2:00 pm

Bring a yoga mat, water bottle and large towel.

For preparation for the workshop you may wish to purchase my yoga practice manual "Yoga Wherever You Are" and the accompanying DVD.

**Workshop will include:** Visvamitrasana, Maricyasana, Peacock, Koindinyasana, Crow, Bhujapidasana Firefly, Forearm Balance, Handstand, Ashtavakrasana, Compass, Noose, Lolasana, Bound Side Pigeon, and Lord of the Fish. (hands on adjustments for your poses) Deepen your practice while learning positioning and tips on building a home practice. Find tips to get into your arm balances and twist with safety while learning the teaching techniques, preparation poses and anatomy. A certificate of completion will be given at the end of the workshop for 4 hours Yoga Teacher Training credits. You will receive a handout for all poses presented which includes: alignment cues, actions and anatomy.

Contact <mailto:monica@monicamathewsyoga.com> with any questions or comments.

**Location:** University of LaVerne Aerobic Studio, Tent Building, Upstairs, entry area C  
[See printable map ULV](#)

Registrants Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

To help with organization of the workshop, please provide the following:

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: 18-25 \_\_\_\_\_ 26-36 \_\_\_\_\_ 37-47 \_\_\_\_\_ 48+ \_\_\_\_\_

### Several choices for registration:

1. You may use the PayPal button [on the website](#) to pay the workshop registration fee \$50 and then fill out the registration form and either mail to: Inversion Workshop, 2452 N. Campus Ave., Upland, CA 91784 or fax 909-931-5861 (Prior to May 14, 2010. . . OR
2. Bring the registration form and check or cash payment to any of Monica Mathews regular yoga classes (Prior to May 10, 2010) . . . OR
3. Mail the check for \$50 payable to Monica Mathews and registration form to: Inversion Workshop, 2452 N. Campus Ave., Upland, CA 91784 (Prior to May 10, 2010)

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

**Signature required.** By signing the above I indicate that I have read the refund and waiver of liability and I understand the refund policy and agree to all the provisions herein. Refunds: Full refunds will be made, if the minimum number of participants for workshop is not met. All other cancellations will receive credit towards future Workshops/Teacher Training.

**Waiver of Liability:** Registrants of this workshop agree that there are risks associated with all physical activity and that when practicing yoga, one may suffer minor or serious injury. Registrants understand these inherent risks and assume that such risks associated with participation in any activity in conjunction with Mathews School workshops, Monica Mathews, all Assistants and the University of LaVerne are exempted from liability.