



Healing arts for people and horses

# JYNBA REGISTRATION FORM

## Thai Yoga Massage on-site training form (group)

**Jynba, LLC**  
**Mariko Huette, LMT, CEMT**  
**(603) 560-8966 • mariko@jynba.com**  
**www.jynba.com**

### THAI YOGA MASSAGE ON-SITE TRAINING FORM: (GROUP)

Date: \_\_\_\_\_ Course: \_\_\_\_\_

Location: \_\_\_\_\_

### CONTACT PERSON:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Zip: \_\_\_\_\_

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

Number of Participants (minimum 6) \_\_\_\_\_ x\$200.00 total deposit: \_\_\_\_\_

### METHOD OF PAYMENT:

**Credit Card**

**Check**

Credit Card Type:

Visa

MasterCard

Credit Card Number: \_\_\_\_\_

3-Digit Verification (located on back of card): \_\_\_\_\_

Expiration date: \_\_\_\_\_ Payment amount: \$ \_\_\_\_\_

\$200.00/participant deposit is required to reserve the course. The deposit is due at least 7 days before the first session is scheduled. The balance is due at the beginning of the first session unless you make other arrangements. (If travel fee applies, it will also be due at the beginning of the first session.) Please include the deposit check or credit card information and send with this form to the address below.

NOTE: There is a fee for cancellation once you submit your registration deposit. You may view our cancellation policy online at [www.jynba.com](http://www.jynba.com).



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### GROUP PARTICIPANTS CONTACT INFORMATION:

#### PARTICIPANT 1:

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

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

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

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

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

#### PARTICIPANT 2:

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

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

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

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

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

#### PARTICIPANT 3:

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

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

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

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

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

#### PARTICIPANT 4:

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

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

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

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

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

#### PARTICIPANT 5:

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

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

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

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

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

#### PARTICIPANT 6:

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

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

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

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

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

#### PARTICIPANT 7:

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

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

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

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

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

#### PARTICIPANT 8:

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

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

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

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

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