



Moving Ventures Productions Application

Workshop Name _____

Workshop Dates _____

Name _____

Address _____

City, State/Country, Zip _____

Phone/Fax/email _____

Occupation _____

Sex Female _____ Male _____

Please give us some information about you (include 2 personal references, name, phone, email).

Please describe your experience with Yoga, Massage, Dance and Movement Arts. Have you taken other courses with us?

What is your interest in taking this program?

Please describe any health related issues that may affect your ability to fully participate in this program, include any history of addiction, physical trauma, or abuse. All information is strictly confidential.

Don't forget the following Enrollment Agreement!

Please print, sign, and mail or fax both this Application and the attached Enrollment Agreement to: Moving Ventures Productions, PO Box 1011
Mt. Pleasant, SC 29465 USA

843.737.6123 phone/fax

MovingVentures Productions Enrollment Agreement

Workshop Name _____

Workshop Dates _____

With this application, I, the undersigned:

Name: _____

Address: _____

City, State/Country, Zip : _____

Telephone/fax/email: _____

acknowledge that I understand I am entering into a binding agreement with Moving Ventures School, Charleston, South Carolina, hereafter referred to as "MVP," for the entire course entitled _____ Workshop Name _____ in _____ Workshop Location _____ on the dates _____ Workshop Dates _____ .

With this Enrollment Agreement I acknowledge the following conditions:

1. Costs & Payment for this Course:

Enclosed with this enrollment agreement is a deposit in the amount of _____ of which is non-refundable. Fee for the entire training is _____. This amount covers tuition and any lodging, meals, airport transfers and materials specified in the course description as posted on the MovingVentures.org website. The full tuition is payable no later than 60 days prior to the first day of the course. If you register within 60 days of the start of the course, the entire fee (_____) is due upon registration.

Payment may be made by personal check, via the MovingVentures online or by bank transfer. If you choose to pay via bank transfer there is no charge if entire fee is paid in full at time of registration; if paid in segments, please add \$US 30.00 for each additional bank transfer. Bank transfers should be made to:

Wells Fargo Bank, N.A.
26600 Carmel Center Place
Carmel, CA 93923
831 625 2088
Call 843-737-6123 for Wire Transfer Information

Once you have completed the transfer, please email the tracking number to sales@movingventures.org (<mailto:sales@movingventures.org>)

2. Cancellation Policy:

Cancellation of this agreement is possible up to 60 days prior to the first day of the course. Up to and until this date, all money paid, less the non-refundable deposit of _____, will be refunded to the applicant by MVP. Applicants who, for whatever reasons (illness, professional obligations, etc.) find themselves unable to participate in the course and have not cancelled 60 days prior to the start of training, are responsible for paying the tuition in full. Travel insurance is highly recommended. MVP agrees that in such cases the applicant may find a suitable replacement to take his/her place in this training, providing an application is filled out, and an enrollment agreement is signed by the replacement.

3. Cancellation of Entire Training:

MVP retains the sole right to revoke the participation in this training of any individual participant, at its discretion. MVP also retains the right to cancel this training up to and until 30 days prior to the first day of the course, should there not be a minimum number of 10 participants who have paid their tuition in full. In such a case, all moneys received by MVP from applicants shall be promptly refunded. MVP, and any persons associated with, or employed by MVP, shall not be liable for any expenses incurred by applicants in preparing for this training, including travel expenses, telephone and mail expenses, etc.

I, the applicant, am aware that participation in this Training involves various risks to my person. Physical movement (dancing, yoga, walking, running in or outside of the facility where this training takes place), meditation, and massage can result in serious physical injury and/or loss of emotional and mental orientation/stability. I take full responsibility for my participation in this training, and will not hold MVP, or any person associated with MVP liable for anything that may occur as a result of participation in this training.

I have reviewed and understand the course description for _____ Workshop Name _____
for the dates _____ Workshop Dates _____ in _____ Workshop Location _____ and I am in agreement with all conditions of participation in this training.

Signature _____

Date _____

P.S. I further understand that I will have the time of my life, and return to my home base refreshed, restored, revitalized and reborn. I can hardly wait!

Please initial here: _____

Please print, sign, and mail or fax both this Enrollment Agreement and the above Application to:

MovingVentures School
PO Box 1011
Mt. Pleasant, SC 29465
USA
843.737.6123 phone/fax
email: [sales@movingventures.org \(mailto:sales@movingventures.org\)](mailto:sales@movingventures.org)