

# Experience India Participation Form for Courses

Please fill in in English and use capital letters	
First name	
Surname/Family name	
Sex (male/female)	
Date of birth (dd,mm,19yy)	
Nationality	
Street, No. ZIP-Code, City Country	
Phone	
E-mail address	
Emergency Contact (name and phone)	
Languages you speak	
Remarks on Health/Special Needs	

Courses of your choice :	Backpacker	Exclusive	2 weeks	1 month	Date of Course
Kerala's Art of Cooking (1 week)	<input type="checkbox"/>	<input type="checkbox"/>	—	—	
Jungle Tour (6 days)	<input type="checkbox"/>	—	—	—	
Tantra Course (1 week)	<input type="checkbox"/>	<input type="checkbox"/>	—	—	
Ayurveda Purification Program (1 week)	<input type="checkbox"/>	<input type="checkbox"/>	—	—	
Yoga Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classical Dances of South India	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kalari Course (min. 1 month)	<input type="checkbox"/>	—	—	<input type="checkbox"/>	

By signing this participation form I declare that I have carefully read the terms and conditions to participate in an Experience India Course. With my signature below, I confirm that I have understood and agree to these terms and conditions as outlined.

place and date

participant's signature