



Participant Enrollment Application

BY MAIL: Mountain Spirit Institute
POB 626
Sunapee, NH 03782
603-763-2668

BY FAX: FAX:: 206-984-0962

Welcome to Mountain Spirit Institute! We're glad to have your interest in our program. Please print all information and check appropriate boxes when applicable and mail or fax to MSI's office or the particular Program Coordinator if applicable.

I'm applying for the _____ program I have indicated below, and the tuition is \$ _____. A deposit is required to secure confirmed reservation. Please see the website for detailed registration info. Payment of balance is due no later than 50 days prior to international program start date, and 30 days prior to domestic programs start date. Please see the "Terms and Conditions" document for complete details. A minimum \$25 processing fee is applied to all refunds.

Office Use:

PART I General Info:

1	Name:	2	E-mail Address:
3	Address: Apt. #	4	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
5	Address#2:	6	Passport # (for I'l Travel):
7	Village/State/Zip:	8	Age: Birth date:
9	Daytime Phone #:	10	Do you speak and understand English? Yes <input type="checkbox"/> No <input type="checkbox"/>
11	FAX #:	12	Do you speak and understand Spanish? Yes <input type="checkbox"/> No <input type="checkbox"/>

PART II Program Information

A. Please indicate for which program you are applying:

Program Name/Location	Begin Date mo/day/yr

B. Meal Preference:

No special dietary needs Vegetarian Special dietary needs:

PART III Payment

<input checked="" type="checkbox"/>	Check appropriate boxes below and in left column!	Amount ☺
<input type="checkbox"/>	Enclosed is my Check for <input type="checkbox"/> Deposit <input type="checkbox"/> Full Fee, in the amount of:	
<i>Please make checks payable to "Mountain Spirit Institute"</i>		
<input type="checkbox"/>	I will be paying by Paypal at: payments@mtnspirit.org	
<input type="checkbox"/>	Bill <input type="checkbox"/> Master Card or <input type="checkbox"/> Visa	Exp Date:
<input type="checkbox"/>	Card #	Sec Code:
<input type="checkbox"/>	Name on Card:	Amount ☺
<input type="checkbox"/>	Signature:	

On certain programs, in which travel or activities will be undertaken, I understand that my space is pending until I have spoken with MSI for medical clearance.

The best time to reach me is at:
Time: _____ AM/PM
Tel #: _____ (h/w)

Time: _____ AM/PM
Tel #: _____ (h/w)



CONTACT US:
WEB: www.mtnspirit.org
TEL: 603.763.2668
EMAIL: info@mtnspirit.org
FAX: 206.984.0962

Please read below.

For all programs:

I have read and accepted the terms of payment and the cancellation/refund policy. My signature below also indicates my desire to participate in this MSI program and understanding the nature of this program and the expectations of MSI

For international, backcountry programs or programs containing elements of "active" physical activity:

I understand that final acceptance for this program is dependent on approval of my medical report and that I'll be notified once the application and medical report is received, and that I have read, understood and signed the MSI Waiver and Acknowledgement of Risk form.

Please sign below:

Applicant _____ Date _____