



Application Form – Meditation Course

Name: _____

Address: _____

Telephone: Landline: _____ Mobile: _____

E Mail: _____

Outline your meditation experience / teachers to date:

Why are you interested in Meditation?

How did you hear about us?

Please indicate below, if you suffer from (or have previously suffered from) any physical or mental medical condition or are currently on any medication which would impact of your participation on this course:

To reserve your place on this course, please complete this application form and return it with a **non – refundable deposit of £150** - cheques made payable to `Santosha Yoga Training` to:

**Santosha Yoga Training
Meditation Course
39b Market Square,
Lisburn BT28 1AG**

info@santoshayogatraining.com

Please contact us on **028 92 63 44 64 / 078 35 11 32 86** if you require any help.

All information provided on this form is treated as confidential. We reserve the right to re-schedule this course in the event of unforeseen circumstances.