

# Application Form – Meditation Course

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

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

\_\_\_\_\_

Telephone: Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

E Mail: \_\_\_\_\_

Outline any meditation experience / teachers to date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in Meditation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please indicate below, if you suffer from any medical condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Studio  
Meditation Course  
39b Market Square,  
Lisburn BT28 1AG**

Please contact Paddy on **028 92 63 44 64 / 078 35 11 32 86** if you require any help or assistance or e mail:

**[training@santoshayogastudio.co.uk](mailto:training@santoshayogastudio.co.uk)**

*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.*