

Application Form – Level Two Diploma

Name: _____

Address: _____

Telephone: Landline: _____ Mobile: _____

E Mail: _____

Your yoga experience/teachers to date:

Why are you interested in training to teach yoga?

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 `Santosh Yoga Training` to:

**Santosh Yoga Studio
Level Two Teaching 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

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.

