



Application Form – Level Two Diploma

Name: _____

Address: _____

Telephone: Landline: _____ Mobile: _____

E Mail: _____

Your yoga experience / teachers to date:

Why are you interested in this course?

How did you hear about us? _____

Please indicate below, if you have any current / historical medical condition(s) which may affect your practice?

To reserve your place on this course, please complete this application form and make a **non – refundable deposit payment of £300.**

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

info@santoshayogatraining.com

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