

SKYBLUE YOGA

TEACHER TRAINING APPLICATION FORM

Name:

Address:

Telephone: Landline: _____ Mobile: _____

E-mail Address:

How long have you practiced Yoga?

Name of Venue and Teachers.

Why do you want to do this course?

Do you wish to become a Yoga Teacher?

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To book your place on the Skyblue Yoga course complete and send this application form together with the deposit (***Please make cheques payable to Lynda Gregg***).

I would like to reserve a place on the Skyblue Yoga Teacher Training Course. I enclose a cheque for £ _____ (which is non-refundable).

Signature: _____ Date: _____

Please forward your application form and deposit to:

The Yoga Room
31 Aberdelghy Park,
Lambeg,
Lisburn,
BT27 4QF.

Please note dates and times of courses may change in the event of circumstances beyond our control. Skyblue Yoga reserves the right to reschedule if necessary.

Email lyndagregg1@gmail.com or contact mobile 0793 8846995.