

# REGISTRATION

Name .....

Street .....

Suburb .....

Postcode ..... Date of birth .....

Phone ..... Mobile .....

Email .....

## COURSES

TERM 1

TERM 2

TERM 3

TERM 4

Beginners	Mon	8.15pm	<input type="checkbox"/>
	Thurs	6.30pm	<input type="checkbox"/>
Level 1	Tues	8.15pm	<input type="checkbox"/>
	Thurs	8.15pm	<input type="checkbox"/>

## PAYMENT

cheque       cash      Amount \$ .....

EFT available

*No credit card facilities. A \$50 non-refundable deposit is required for all courses. Refunds cannot be issued once courses have begun.*

*(2 make-up classes available)*

## MEDICAL DECLARATION

Please  if you have or have had issues with:

back injury       high/low blood pressure  
 neck injury       asthma       depression/anxiety  
 knees       other .....

or  I have no medical conditions

Signed .....

Send payment with registration form to:

Doutta Galla Yoga Studio 1A Warrick Street, Ascot Vale VIC 3032