

# REGISTRATION

Name .....

Street .....

Suburb .....

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

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

Email .....

**10 WEEK COURSES**  **LEVEL** .....

**TERM 1**

**TERM 2**

**TERM 3**

**TERM 4**

Beginners	Mon	8.15pm	<input type="checkbox"/>
	Wed	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"/>
Level 2	Wed	6.30pm	<input type="checkbox"/>

**10 CASUAL CLASSES**  **LEVEL** .....

## PAYMENT

cheque  cash Amount \$ .....

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

## 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 ..... Date .....

Send payment with registration form to:

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