

YogaBase

Yoga in the tradition of BKS Iyengar

Registration

Name: _____

Phone: (day) _____

(evening) _____

Email: _____

Address: _____

Course or Class: _____

Day & time: _____

Starting date: _____

HEALTH CONCERNS OR INJURIES (past or present)

Please let us know if you have any medical conditions such as:
high blood pressure; heart conditions; knee, back or neck injuries.

Payment:

Cheque made out to Yoga Base

Post to: 11 Jervois Street. Christchurch 8061

Direct Credit to Yoga Base

Account Number: 38 9012 0696157 00

Remember to include your name in the reference.

Any enquiries, please contact us at:

amtweddie@clear.net.nz

For further information visit our website:

www.yogabase.co.