

REGISTRATION FORM

(Complete for courses and workshops only)

Name: _____

Address: _____

_____ P/Code: _____

Telephone: (H): _____

(W): _____

Deposit enclosed**: \$ _____

Full payment enclosed: \$ _____

Please list your choice of course by level, time, day, date & cost:

Level: _____ Time: _____

Day: _____ Date: _____

Cost: _____ or Workshop: _____

** \$30.00 non-refundable deposit is required for courses and workshops.

Deposits must be received prior to the commencement date to secure your place. There are no telephone registrations. Make all cheques and money orders payable to **Rathdowne Yoga Room** and send to: PO Box 243, North Carlton VIC 3054. (Eftpos and credit card facilities are NOT available.)

Please list any health conditions/physical restrictions:

Where did you hear about Rathdowne Yoga Room?

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Our sign |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Yellow Pages |

Would you like to be on our mailing list? Yes No