



Name

Mobile phone #

Email

- \$60 **4 group** classes to be attended **within 4 weeks**
- \$105 **8 group** classes to be attended **within 4 weeks**
- \$17 **one** group class
- \$70 **one private consultation**
- \$400 **25 group** classes + **one private consultation within 25 weeks**
- \$600 **unlimited group classes & up to 4 private sessions including Chakra Puncture within 26 weeks**
- \$1,000 **unlimited group classes & up to 9 private sessions including Chakra Puncture within 50 weeks**

Payment by Internet Bank Transfer / PayPal/Credit Card

Receipt #.....

Policy Disclaimer Note

- I am aware that payments are non-refundable and can be transferred to another person
- I have consulted my health care professional in regard to practicing yoga and have fully informed the yoga teacher about any of my pre-existing medical conditions.
- I agree to practise yoga within my capacity without over extending myself.
- I acknowledge that the yoga teacher is not responsible if I over extend my physical limitations.
- I have read and agree to the Terms & Conditions; I understand all payments are final unless otherwise specified; I understand classes are to be attended within the specified time frame.

Signed dated.....

Indicate any of the following:

Arthritis	Dyspepsia (heart burn)	Hypertension	Sinusitis
Asthma	Eczema	Insomnia	Slipped disc
Back: elaborate below	Epilepsy	Menstrual	Spondylitis
Bronchitis	Hay fever	Migraine	Spondylosis
Chronic Fatigue Syndrome	Headache	Poor digestion	Stress: low medium high
Constipation	Heart disease: elaborate below	Pregnantweeks	Thyroid: hypo / hyper
Cough	Haemorrhoids	Recreational drugs	Tinnitus
Diabetes	Hepatitis (ABC)	Restless legs	Ulcer
Diahrroea	Hernia	Rheumatism	Varicose Veins
		Sciatica	Vertigo

Other.....

Medication.....

Please circle your age bracket 13 - 20 21 - 30 31 - 40 41 - 50 51 - 60 61 - 70+

Occupation.....

What do you wish to gain from practising yoga?.....