



## Events Application Form

### PERSONAL INFORMATION:

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Name:

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Address:

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Email:

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Date of Birth:

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Contact Telephone Number:

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### TRAININGS

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The Training I wish to attend is:

The Dates are:

### HISTORY

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Injuries / Medical History (if any):

Yoga Experience / Style of Yoga:

Teachers Studied With:

Reasons for Doing the Class/Training:

**PAYMENT [Tick payment option [1] or [2]]**

Are you:

[1] Paying in full?.

What is the total cost:

[2]

Paying a 25% deposit of .....

Then full fee no later than one month before the start of the course.....

\*Payments must be made by cheques payable to 'Patrizia Faggi'.

**Cancellation Policy:**

Payment in full or an agreed deposit is required to hold your place . Deposits are not refundable. In the case of Payment in Full, a full refund less a 10% admin fee will be allowed if cancellation is received at least 7 days prior to the beginning of the course. There are no refunds allowed under any other circumstances.

\* Please initial here to state that you have read the terms and conditions yes

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