

Application for

Chakra Chanting and Yoga

With Wendy and Jana, Feb. 17th, 2007.

Name:

Address:

Phone Number:

Mobile:

E-mail address:

Experience of practising/teaching singing, Yoga or any other disciplines eg. Tai Chi, belly dancing etc. (note - no experience necessary):

Please detail any medical condition which needs to be taken into account in your practice of Yoga (eg. pregnancy, breast-feeding, back problems, joints etc.):

Please list any other relevant factors overleaf if necessary.

I enclose payment of £50/£25.

Signed:

Date: