

North Wootton Yoga Mornings

March 17th & May 19th, 2007

Name:

Address:

Phone Number:

Mobile:

E-mail address:

number of years practising Yoga :

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.):

I enclose payment of £25/£18

Signed:

Date:

