



COURSE / CLASS REGISTRATION FORM

Course Day & Time: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Health conditions? \_\_\_\_\_

\_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Yogareal emphasises an appropriate approach to the postures and all possible care will be taken of any special health requirements. We cannot take responsibility for any injuries or health problems that may arise.

I wish to book for the course/class indicated above. I accept that courses/classes are not refundable and that classes missed during a course will not be transferred without prior notice and must be completed within the duration of the course.

\$ Paid \_\_\_\_\_ Signed \_\_\_\_\_ Date: \_\_\_\_\_

Please make cheques payable to Robert Byrne. Send to: Robert Byrne, Yogareal, 21/70 Beach Rd, Mentone VIC 3194



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