Registration for Yoga from Within Teacher Training Course 2009/10
Please try and answer these questions as honestly as possible.
All your information will be kept confidential and not passed on to any third party.

Name
Address
Telephone number
Email address
Date of Birth
Education
Profession
Number of years of yoga practice, what kind of yoga and what level
Number of hours of yoga practice each week
Your general interest in yoga and its place in your life

Your reasons for doing the course
Why this particular course?
Medical conditions and injuries that might affect your practice
Are you in any kind of medical or therapeutic treatment at the moment?
Have you already done a Teacher Training Course? If so what kind?
Please return by post to Caroline Pick, 131 Brecknock Road, London N19 5AE or by email to carolinepick@blueyonder.co.uk