

Application form for intensive on Clare Island

Name:

Address:

Phone: Home Work/mobile:

Email:..... Date of birth:

Occupation: Special dietary requirements:

Sex: Male Female Do you request a single room? Yes No If available

Wishes to apply for the following course (dates).....

How will you be travelling to Clare Island?.....

If you are driving, would you be willing to give a lift to another course participant?.....

Please mention any relevant medical history (e.g. heart or respiratory problems, blood pressure, arthritis, back or neck problems, pregnancy, detached retina, prolapses, any serious injuries in the past, whether fully healed or not, substance abuse, etc.). Also mention if you are currently on any medication.

What are you hoping to get out of this course?

Have you practiced yoga or meditation before? If so, please give details (how long, how often, what style, etc.) and describe your current practice. If not, state why you want to do this course.

Payment

Please state how much you are willing to pay for this course :

Note that if your application is successful, you will be asked to pay a 50% deposit and that this deposit is *non refundable and non transferable* (except in case of cancellation by the organisers).

I understand that I am participating in yoga classes at my own risk. (If you are in doubt as to the suitability of yoga to your medical condition, please consult your doctor.)

Signed:..... Date.....

Email, post or fax back to Ciara Cullen, Ballytouhey, Clare Island, Co Mayo, Ireland
Phone / Fax (353) 98.25412 email ccullen@yogaretreats.ie