



ashtanga yoga dublin

Heart of Yoga Foundation Teachers Training Course Application Form

Name:

Address:

.....

DOB (dd/mm/yy):/...../.....

Email:

Daytime Telephone:

Yoga Experience (give details):

.....

Teacher's name:

Teachers contact :

I herewith apply for the Heart of Yoga Teacher Training Course _____ (give year).

I confirm that I meet the requirements set out in the Terms and Conditions of the Course and agree that, if offered a place, I will:

1. Pay immediately a deposit of €1000, which I accept is Non-refundable and Non-Transferable, and having done so, will then pay in full all Course Fees by the date required by the Tutors, irrespective of whether I complete the Course or not.
2. Agree to abide by the Code of Conduct of the Course at all times, both now and in the future, and will sign both the Code of Conduct Document and the Liability Release pertaining to the Course, when asked to do so.
3. Accept that I must register and insure myself with Yoga Alliance UK in order to be able to participate in the Course.
4. Accept the assessment of the Tutors at all times and abide by their decisions regarding my successful completion of the modules of the course

Signed: _____ Date: _____