**Application Form**

To apply, complete the form below and email to:

enquiries@hobartiyengar.com

Once received, you will be notified if your application has been successful, and you will be asked to pay the class fees within three working days. Payments can be made by direct deposit.

Name:

Address:

Email:

Contact Number:

Age:

Previous Iyengar Yoga Experience:

Are you pregnant? ☐ Yes ☐ No

Please list any illnesses, injuries or medical conditions:

Which class or course do you wish to attend? (Please specify the month, day time and level):

1st preference:

2nd preference:

**Terms and Conditions:**

**Please tick both boxes below to accept:**

☐ I understand that participating in an Iyengar Yoga class includes touch, trust and risk.

☐ I understand that once paid, fees are non-refundable and non-transferable.

Signature:

Date: