

APPLICATION TO JOIN SHANTI YOGA SCHOOL

**COURSE 3 – THE ANATOMICAL SCIENCE OF THE HUMAN BODY.**

Please use block capitals and print very clearly, especially your postcode and email address.

Name; \_\_\_\_\_

Address; \_\_\_\_\_

Postcode \_\_\_\_\_ Email \_\_\_\_\_

Land line phone no. \_\_\_\_\_ Mobile phone no \_\_\_\_\_

Have you already undertaken a Shanti Yoga Course? \_\_\_\_\_

If you have not please answer the following questions. If you have then all your details are on file already so no further questions need be answered.

How did you find this course? \_\_\_\_\_

What experience of yoga teaching or therapy have you-please give lots of detail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your motivation for undertaking this course?

\_\_\_\_\_

What will you do with the knowledge?

\_\_\_\_\_  
\_\_\_\_\_

Do you wish to undertake the complete course or just dip in and out as you feel the need?

\_\_\_\_\_

Your signature \_\_\_\_\_

Please send this form to the Full Movement Clinic, 16 Market Street  
Bingham, Nottingham, NG13, marked for the attention of A.P.Thomas.

**Payment Details:** Please delete as appropriate.

I enclose/do not enclose the following payment: Deposit of £400.00 or  
Full Payment of £1,200 (which includes the full payment discount).