



CENTRE DE
YOGA IYENGAR[®]
DE MARSEILLE

Booking form

I wish to attend the Yoga Course on the / / 20

with :

Personal Details :

Name :

Surname :

Address :

Zip Post Code - City :

Email :

Tel. :

Date of birth :

Any medical problem having to be mentioned :

Practicing Iyengar Yoga since :

Are you an Iyengar Yoga Teacher ?(please state your level of certification) :

I am sending a check or making a bank draft of euros (50%) as a deposit.

NOTE : The check will not be banked before the end of the course but , is not refundable in case of cancellatio .

Checks should be made payable to **ASSOCIATION SHUNYA.**

Our Postal adress is : 19 PLACE SEBASTOPOL , 13004 MARSEILLE (N° SIRET : 390 320 273 00035

Dated on : / / 20

For further information please ,contact the IY Center and consult the site : **WWW.YOGAIYENGAR.NET**

You will receive a confirmation by E-mail a few days before the event .