



Subscription form for the Yoga course of the 20

with :

Name :

Surname :

Address :

Zip Code - City :

Email :

Tel. :

Date of birth :

Problème having to be mentioned :

Practicing Iyengar Yoga since

Teacher /Non Teacher , level of certification :

I would like to participate to the course of

on the

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

NOTE : The check won't be put in bank before the end of the course but , in case of cancellation , there cannot be any refund .

to the ordre of CENTRE DE YOGA IYENGAR DE MARSEILLE 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**

**A confirmation** will be sended to you by E-mail a few days before the event .