



CENTRE DE
YOGA IYENGAR[®]
DE MARSEILLE

Booking form

Dates of the Yoga course I wish to attend :

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 cancellation.

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