



Ashtanga Yoga **Dublin**

## Workshop Booking Form

Name: .....

Address: .....

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Daytime Telephone: .....

Email: .....

Yoga Experience (give details): .....

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## Payment

I enclose \_\_\_\_\_ euro as full payment for the following workshop:

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( give dates and times of classes you wish to attend)

Make cheques payable to: David Collins  
School of Ashtanga Yoga  
Rear 16 Main St., Idrone Lane Blackrock, Co. Dublin, Ireland

Waiver: I understand that I participate in this workshop at my own risk and that the School of Ashtanga Yoga Dublin is not liable for any loss or injury which may result from my doing so. Further I accept that fees paid are non-refundable except in the case of cancellation by the organisers.

Signed: .....

Date: .....