

Sunlilyoga
500 Hour Yoga Teacher Certification
Registration Form

Please e-mail this form with your payment to aida@sunlilyoga.ca

Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone (home): _____ (work): _____

(Mobile phone): _____ email: _____

Occupation, vocation or profession: _____

Gender - how do you identify? _____

How did you find out about this programme? _____

Please indicate areas of study which you wish to deepen: _____

Number of years practicing yoga: _____

Style or Tradition of your 200 hour training: _____

Programme Director of your 200 hour training: _____

Describe your present state of health: _____

Please list any physical conditions that your instructors should be aware of. (Use back of page if necessary) _____

Emergency Contact: _____

Relationship: _____ Phone number: _____

I certify that the above information is true and complete to the best of my knowledge and that I will not hold Sunilyoga and its instructors liable for any mishaps arising from my participation in the programme.

Signature: _____ Date: _____

Cancelation Policy: Registration and administrative fee is non-refundable. If you wish to cancel enrollment in the programme at any point, refund requests will be assessed on a case-by-case basis.