

The Edinburgh Yoga Club

est. 1970

Name			
Address			
	Postcode		
Email		Home No	
Work No		Mobile No	
	Day	Time	
1st Choice			
2nd Choice			

The fee of £ _____ for a term of 8 weeks is enclosed and I understand that should no place be available the fee will be refunded

Signed		Date	
<i>For office use only</i>			
1/ Fee	2/ Fee	3/ Fee	4/ Fee
Date	Date	Date	Date
Initials	Initials	Initials	Initials

Please return to:

Stephanie Paxton, Edinburgh Yoga Club, 17 Bell's Brae, Edinburgh, EH4 3BJ T:
0131 225 9779 or 07855 737686

E: info@edinburghyogaclub.co.uk

W: www.edinburghyogaclub.co.uk