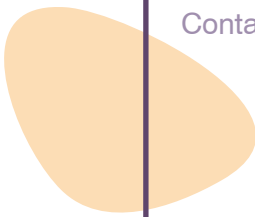
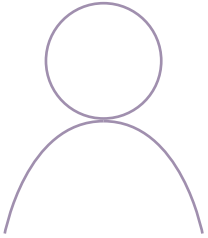


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Application for Meditation Teacher's Training Course Manchester UK

*Please complete this form and submit
with your £100 application fee*

Photo



Date of Application: _____

Full Name: _____

Street, no: _____

City/Town/County: _____

Postal Code: _____

Email: _____

Telephone: _____

Mobile phone: _____

Work Telephone: _____

Marital Status: _____

Age: _____

Children: _____

Sex M/F: _____

Education and Skills: _____

Occupation: _____

Languages Spoken: _____

Illnesses: _____

Prescribed Medication: _____

Contact in case of an emergency: _____

Full address: _____

Telephone: _____

Relationship: _____

How did you hear about the course? _____

Length of time practising yoga _____

How did you hear about us? _____

Reasons for wanting to attend the course _____

A payment of £ _____ is enclosed



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