

# Booking form for Clare Island courses

Name: .....

Address: .....

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Phone: Home ..... Work/mobile: .....

Email:..... Date of birth: .....

Sex: Male  Female

Current physical activities: .....

How did you first hear about us?.....

How will you be travelling to Clare Island?.....

If you are driving, would you be willing to give a lift to another course participant?.....

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Please mention any relevant medical history (e.g. heart problems, respiratory problems, blood pressure, arthritis, back problems, neck problems, pregnancy, detached retina, prolapses, any serious injuries in the past, whether fully healed or not, etc.). Also mention if you are currently on any medication.

Have you practiced yoga before? If so, please give details (how long, how often, what style, etc.)

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## Payment

Bookings must be sent along with a *non refundable and non transferable* 50 % deposit. Balance is to be paid in cash on arrival at the Centre.

I have paid (currency and amount) : .....

through Paypal

by bank transfer (please send copy of receipt from you bank together with this booking form)

I enclose a cheque or postal order (payable to Ciara Cullen)

**for the following course (dates)**.....

## Disclaimer

I understand that fees paid are *non refundable and non transferable*, except in case of cancellation by the organisers.

I understand that I am participating in yoga classes at my own risk. (If you are in doubt as to the suitability of yoga to your medical condition, please consult your doctor.)

Signed:..... Date.....

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Post or fax back to Ciara Cullen, Ballytouhey, Clare Island, Co Mayo, Ireland  
Phone / Fax (353) 98.25412 email Ciara@yogaretreats.ie