



REGISTRATION FORM
200HR YOGA TEACHER TRAINING



Nama : _____

Address : _____

City : _____

Province : _____

Country : _____

Postal Code : _____

Mobile Phone : _____

Email : _____

Birthday : _____

How long have you been practicing yoga ?

What style of yoga do you practice ?

Are you currently a Yoga Teacher ? If so, for how long ?

Have you joined any other teacher training or immersion before ? Please simply describe

Do you have any injuries, physical limitations or illness that we need to know ?

How do you find out about our training ?

Choose your manual : Indonesian English

Choose your payment term: Paid in full 3 x instalment

Payment to be made to :
Bank Mandiri ; Favoring : CV Kandhara Devata
Account : 132-00-2908138-8

Please also email your close up photo together with this registration form to kirana.sthira@gmail.com

Submitted by,

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