



The Centre of Yoga  
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## Detox/Intensive Registration & Payment Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

Do you wish to be on mailing list for updates and info? Y/N

Person to contact in case of emergency: \_\_\_\_\_ phone: \_\_\_\_\_

How did you find out about Detox/Intensive programs?  or

Already go to The Centre of Yoga	<input type="checkbox"/>	The Centre of Yoga website	<input type="checkbox"/>	Walked past	<input type="checkbox"/>
Google	<input type="checkbox"/>	Email	<input type="checkbox"/>	Flyer	<input type="checkbox"/>
Find Yoga	<input type="checkbox"/>	Yoga Journal	<input type="checkbox"/>	Friend/Family	<input type="checkbox"/>
Natural Therapies Pages	<input type="checkbox"/>	Australian Yoga Life Mag	<input type="checkbox"/>	other (_____)	<input type="checkbox"/>

Have you done Zen Ki / Ki / Ryoho / Hatha/ Iyengar/ Astanga / Bikram / Power / Vinyasa / other \_\_\_\_\_  
(please circle styles you have done)

What do you want to achieve from your yoga classes? \_\_\_\_\_

Do you suffer:  or

Any heart condition  High blood pressure  Dizziness or fainting  Palpitations  Anxiety

Panic attacks  Pains in the chest  Asthma  Back pain (lower)  Back pain (upper)

Knee pain  Shoulder pain  Are you pregnant?

Is there any other injury or pain you suffer or have suffered?

Has anyone in your family under 60 suffered a heart attack, stroke or sudden death? ( or )

2012 Detox/Intensive (please chose below)

8 day detox Early Bird (before 23 Dec) \$230

Full price (after 23 Dec) \$275

**There are no discounts if you are unable to make every day.**

Add:

Shiatsu treatment (special price for detox \$75)  Late Summer DVD \$29  5 Set of DVDs \$125

Shiatsu will be booked in via email upon receipt of your registration

total amount due: \_\_\_\_\_

**Payment:**

I am paying by direct deposit & have deposited into account name "The Centre of Yoga" BSB: 082187 Account: 814223895 (must include name)

I wish to pay by credit card. (credit cards attract a 2.5% fee)

Credit card number \_\_\_\_\_ Name on Card: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ (signature as on credit card)

I wish to pay by cheque. I have made cheque out to "The Centre of Yoga" and have mailed to: PO Box A1215, Sydney South, 1235

**Terms:** Once we have processed your payment, your place is confirmed and refunds cannot be given. Under special circumstances, transfer to other services at The Centre of Yoga may be possible. Please email Janie Larmour directly [janie@thecentreofyoga.com](mailto:janie@thecentreofyoga.com)