



**Art of Living  
United Kingdom  
Sri Sri Yoga Course - Application Form**

**All information on this form will be kept confidential**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Profession: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female  
Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_  
Email: \_\_\_\_\_

Cost of the courses will depend upon when the balance of the full fee is received:  
**-£70** if full fee is received **before 15 May = £270 (£195 non-residential)**  
**-£50** if full fee is received **15 May -15 July = £290 (£215 non-residential)**  
full fee if received **after 15 Jul = £340 (£265 non-residential)**

Accommodation: *I would like to share a room with* \_\_\_\_\_  
Dorm  En-Suite 2 or 3-bed Room (+£20)  En-Suite Single Room (+£30)

**Please answer the following questions by ticking the appropriate box:**

1. Have you participated in the Art of Living Programme? **Yes**  **No**  **If Yes (First Course Info)**  
Date: \_\_\_\_\_ Place: \_\_\_\_\_ Teacher: \_\_\_\_\_
2. Do you have any Health problems?  
\_\_\_\_\_
3. Are you currently on any prescribed medication? **Yes**  **No**  Details: \_\_\_\_\_
4. Have you ever attended yoga classes before? **Yes**  **No**   
If yes, for what length of time (approximately): \_\_\_\_\_
5. Are you currently practising a regular yoga routine? **Yes**  **No**
6. Do you have any physical ailments that the instructor should know about (e.g. a recent injury/ surgery)?  
\_\_\_\_\_
7. How did you find out about the Sri Sri Yoga Course? \_\_\_\_\_

**Declaration**

I am participating in the Art of Living – Sri Sri Yoga programme of my own will. I take full responsibility for participating in this programme, its' outcome and consequences. I will not teach any of the techniques of the course unless, I have been trained in full by SRI SRI RAVI SHANKAR

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Recording the course content by taking notes, electronic devices or any other mode is not permitted. Participants are advised to give preference to medical advice received from trained medical practitioners when practising yoga techniques.**

**FOR OFFICIAL USE:**

Name of Instructor: \_\_\_\_\_ Venue: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
Method of Payment: \_\_\_\_\_ Amount: \_\_\_\_\_

*Please send form together with a non-returnable deposit of £100 (or the full payment) to Mrs U. Patel, 96 Hillside, Banstead, Surrey SM7 1HA. Cheques payable to "The Art of Living Foundation UK South"*