

# ASHTANGA YOGA IRELAND

## Immersion Course 2021

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

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

Do you have a consistent Yoga Practice?

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Do you have an Ashtanga Yoga Practice?

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Where have you previously studied yoga/with whom?

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Are you a yoga teacher?

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Do you have any underlying injuries or health issues?

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What are your aspirations for your yoga practice?

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What you would like to attain from this course?

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Please return completed form by email to  
[info@ashtangayogaireland.ie](mailto:info@ashtangayogaireland.ie).