

# ASHTANGA YOGA IRELAND

## Foundation Course

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

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

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

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

\_\_\_\_\_

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

Do you have any underlying injuries or health issues?

\_\_\_\_\_

What are your aspirations for your yoga practice?

\_\_\_\_\_

\_\_\_\_\_

What you would like to attain from this course?

\_\_\_\_\_

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