



Through The YogaBuds Lens Registration Form

Full Name: _____

Date of Birth: _____ Sex: Male: _____ Female: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email: _____ Current Occupation: _____

Please describe your personal and professional yoga experiences. Are you currently studying or teaching yoga? _____

Are you a certified or registered yoga instructor? What methodology of yoga have you studied? _____

What is your past and current experience in working with children? Do you have any experience in teaching yoga to children? _____

What are your intentions for working with children? _____

What do you hope to gain from the YogaBuds two-day presentation? Please be as specific as possible.

How did you hear about YogaBuds? _____

A complete registration form and a nonrefundable deposit of \$125.00 are required to guarantee placement in the weekend of your choice. Payment of the balance is due two weeks prior to the presentation. Please return this registration form with payment (cheque only) payable to:
YogaBuds, 165 Dewbourne Avneue, Toronto, Ontario M6C 1Z1

Cancellation Policy: YogaBuds reserves the right to cancel or reschedule the presentation.

Refund Policy: Refunds are available no later then two weeks prior to the presentation. A \$50 processing fee will be subtracted.

For further details please see the website.