

EAST WEST yoga

- Practitioner Training Registration -

Date: _____

Name: _____

Email: _____

Contact Number(s): _____

Mailing Address: _____

Occupation: _____

Requested Module(s):

Please select from the list below:

- Buddhist Studies
- Medical Chi Kung
- Therapeutic Yoga
- Visionary Practise



EAST WEST yoga

Study Season(s): Spring / Summer / Fall / Winter Requested?

Please submit your registration form along with a \$400 non-refundable deposit (cash or cheque payable to "Louise Kerridge-Judd") to hold your position in training. Please Note: Minimum pre-registration of six people is required per seasonal module. We will confirm your registration upon receipt of funds. Thank you.



HEALING AT THE INTERSECTION
OF MEDICINE & SPIRITUALITY