

APPLICATION FOR RADIANT LIGHT YOGA THERAPY COURSE

Name: _____

Email: _____

Mailing Address: _____

Telephone: _____

Mobile: _____

Date of Birth: _____

Name of Yoga teacher Training Course and date of graduation:

What is your experience in practising and teaching yoga?

Any injuries?

Special interests that you would like to have covered in the course?

Please write and attach a letter explaining why you want to attend this course:

Send back by email or post to: Adam Bornstein PO Box 466, Yandina QLD 4561