



Maxine Levy

Registration Form 2017
Tuesday Morning Semi-Private General Hatha Yoga
Numbers limited to permit Personal Support and Adjustment
Book in two half term blocks

Block 1: 26 Sep to 17 Oct (4 weeks) & Block 2: 31 Oct to 19 Dec (8 weeks)
PLUS FROM 6 SEP YOU CAN ALSO ATTEND WED MORNING CLASSES 9.30 - 10.45:
Dates: Sep 6, 13, 20 at Alyth

Time: 9:30 to 11:00am Location: NWRS, Alyth Gardens NW11 7EN
If you miss a class, swap to another class on the timetable, no problem. See maxineyoga.com for full details

Name D.O.B.....

Address.....

Phone numbers (h).....(w) (m).....

Email (h)..... (w)

What do you hope to gain from practising yoga this term? How can I best support you?

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Health issues:

12 weeks: Payable in two half termly blocks:

- £16 block rate/ £17 individual class booked in advance / £18 drop in on the day
- If you're going to miss a class, notify us in advance and
- Swap to any other weekday class on the timetable, within your paid block.

26th September to 17th October: 4 Class Block

- Plus, Join Wednesday 9.30 - 10.45 classes on:
- WED 6 Sep at ALYTH
- WED 13 Sep at ALYTH
- WED 20 Sep at ALYTH
- 1. Tuesday 26 September
- 2. Tuesday 3 October
- 3. Tuesday 10 October
- 4. Tuesday 17 October

Cost for Half Term: 4 Classes @ £16 = £64
plus add £15 for any extra Wed morning class you
may wish to attend : Dates: _____
Total _____ Wed Classes @£15 per class £_____

31st October to 19th December: 8 Class Block

- 1. Tuesday 31 October
- 2. Tuesday 7 November
- 3. Tuesday 14 November
- 4. Tuesday 21 November
- 5. Tuesday 28 November
- 6. Tuesday 5 December
- 7. Tuesday 12 December
- 8. Tuesday 19 December

Cost for Half Term 8 Classes @ £16 = £128
Payment Due by 17 October 2017

Direct bank transfer to: Acc: Maxine Levy. Sort Code: 20-36-16. Acc #: 30605204

Cheques payable to: Maxine Levy, 38 Wentworth Rd, London NW11 0RL. Cash accepted

I accept personal responsibility for any damage or injury that I may suffer

I agree to the Booking Information and Missed Class Information terms.

I have submitted my health questionnaire.

Signed..... Date.....