

APPLICATION FORM FOR KRI LEVEL I INSTRUCTOR COURSE IN KUNDALINI YOGA AS TAUGHT BY YOGI BHAJAN WITH KARAM KRIYA SCHOOL AT THE LIGHT CENTRE MONUMENT, LONDON 2019/20 (starting 14 & 15 Sept 2019)

I hereby apply for participation on the KRI Certified Kundalini Yoga Instructor's course as detailed below.

I have read and understood the conditions for completion of the course.

I enclose (please circle): **£400.00** non-refundable deposit **£300** first installment or **£1,450** up-front payment

I understand the UK course fee is **£1,550** inc. VAT if paid in installments or otherwise **£1,450** if paid up front. **Plus** Ashram Experience costs that include: **€374** for registration & teaching fees (booked online independently) **and** costs for meals & accommodation which is an approximate total of **€276** (**Note:** this charge is subject to minor increases each year).

If paying in installments, I understand I pay £400 deposit in advance, £300 by/on weekend 1, £150 by weekend 2, then 7 further monthly payments of £100 (UK course fees paid by weekend 9).

I attach a letter detailing my yoga experience and a passport size photo (can be a head shot from holiday photo).

Date of Birth.....

Name.....
Address.....
.....
..... Post code.....
Telephone..... Mobile.....
E-mail.....

Fee enclosed	Please tick
£400 non-refundable deposit	<input type="checkbox"/>
£300 first installment	<input type="checkbox"/>
£1,450 [discounted full UK course fee]	<input type="checkbox"/>
Please make cheques payable to:	
Karam Kriya School	
Or Bank Transfer arranged to:	
Karam Kriya School (use the reference: "TT24")	
Lloyds TSB	
Sort code: 30 99 86	
Account: 05556988	

In emergency contact

Name..... Relation to you

Telephone..... Mobile.....

Address.....

.....

Where did you hear about the Karam Kriya School?

If it was through a Kundalini Yoga teacher who was it?

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Disclaimer

To the best of my knowledge there is no physical or mental medical reason why I should not do this course.
I understand that the teachings of Yogi Bhajan do not constitute medical advice.

SIGNED (by applicant)..... Date

For more information contact Angad Kaur on:

07771 803 562
or
angadkaur@karamkriya.co.uk

Now send this form along with your LETTER, PHOTO and PAYMENT to:

7 Brandrams Wharf, 127-131 Rotherhithe Street, London SE16 4NF