

Application Form for Enrolment in General Classes at the Ramamani Iyengar Memorial Yoga Institute

Last Name: _____ First Name: _____

Middle/Other Name: _____ Age: _____ Sex: Male / Female

Street: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

Contact Numbers:

Country Code: _____ Area Code: _____ Number: _____

Fax: _____

E-mail Address: _____

Applicant's Yoga Study:

Number of years practicing Iyengar yoga: _____

Main teacher: _____

Frequency of study with the main teacher (daily, weekly, workshops):

Date of last class taken with the main teacher (day/month/year): _____

If you are a Iyengar yoga certified teacher, what is the level of your certification?

Can you speak English? _____

Any previous classes or intensives at RIMYI? Yes / No

If yes, the most recent date of attendance.

From _____ To _____

Month/Year _____ Month/Year _____

Registration Dates:

- **Make three choices and number them according to preference (1, 2 and 3).**
- **Select for one or more years in advance of your application.**
- **Circle the month. If applying for a two-month attendance, circle both and identify them as one preference.**

() June Year _____

() July Year _____

() August Year _____

() September Year _____

() October Year _____

() November Year _____

() December Year _____

() January Year _____

() February Year _____

Applicant's Signature: _____

Date: _____

_____ **Applicant:** Initial here if you consent to having your Contact Information* shared with other Canadian applicants going to RIMYI at the same time. If you do not consent, please leave this space blank.

(Note: exchanging contact information amongst those attending RIMYI at the same time assists applicants to connect with each other and to share information about accommodation, transportation, etc., but it is not required.)

* "Contact Information" in this context means your name and email address.

(Note: See next page for Recommendation Form)

**RECOMMENDATION FORM FOR ENROLMENT IN GENERAL CLASSES AT THE
RAMAMANI IYENGAR MEMORIAL YOGA INSTITUTE**

To be completed by a certified Iyengar yoga teacher

Dear Mr. Pandurang Rao:

I,

_____, (Please print name)

herewith recommend

_____, who has

studied yoga with me for _____ years.

S/he has also attended _____ with senior teachers.

To my knowledge, s/he is a genuine pupil/teacher who follows the Iyengar method.

I have reviewed the applicant's form before signing this form.

Yours sincerely,

(Teacher's Signature)

(Date)