



Senaji Studio



Registered Yoga School

Yoga Alliance 200 hr. Teacher Training Course 2018___/___

Name:		Photograph
Date of Birth:	Gender: M F N/A	
Address in Japan		cell #:
		email:

year	month	Yoga and related history

1) What is your reason for taking this course? 2) Do you have any specific challenges that would prevent you from performing any poses or other aspects of yoga?

Signature: _____

Date: _____ / _____ / _____

<u>Direct Deposit Payment</u>			
Account Name : GROSSMAN BARRY H Bank Name : Aomori Bank (青森銀行)			
Amount: ¥300,000	Branch : Hashikami (階上)	Acct No : 1004208	(普通)