



east clare yoga centre

Booking Form

Name: _____

Address: _____

Email: _____

Telephone: _____

Which Yoga Event do you wish to book?

Dates: _____ Teacher: _____

Accommodation (please tick)

Double Room Sharing Double Room Single Twin Room Sharing

Four-Bedded Room Sharing

If you have special dietary requirements please provide details below:

Deposit (please tick)

€25 One Day Workshop €75 Yoga Weekend €100 Yoga Holiday

Selected form of Payment (please tick)

Cheque Enclosed Money Order/Bank Draft Enclosed

Please debit my Credit Card

Card Type: _____

Number: _____

Expiry Date _____

Signed: _____



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