

# Art of Living Course Application



This application will be kept confidential

Course Dates: \_\_\_\_\_ Instructor: \_\_\_\_\_ Course Location: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: **M** / **F**

Address: \_\_\_\_\_ Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

• Briefly describe your mental and physical health: \_\_\_\_\_  
\_\_\_\_\_

- Please indicate if you have any of these conditions:  Asthma  Breathing Problems  Diabetes  
 Emphysema  Epilepsy  Heart Disease  High Blood Pressure  Pregnancy

• If you are presently under the care of a physician, or have been recently hospitalised, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

• If you have a history of mental illness or are currently under the care of a psychiatrist please describe:  
\_\_\_\_\_  
\_\_\_\_\_

• Please describe in detail any medications you are taking: \_\_\_\_\_  
\_\_\_\_\_

• Please list any meditation techniques or other self-development courses/techniques you have done:

Date	Course/Technique	Experience and/or Results
_____	_____	_____
_____	_____	_____

• If you have ever taught yoga, meditation, or any self-development programs, please explain:  
\_\_\_\_\_

- How did you hear about the Art of Living Course:  Friend/Family  Poster/Flyer  Website  
 Newspaper/Magazine  Radio/TV  Other - please specify: \_\_\_\_\_

## Agreement:

*I understand that any benefit derived from this course depends upon the extent of my participation. I therefore accept full responsibility for the outcome and I willingly agree to follow all instructions and to participate fully. I also agree that I will not disclose the content of this course to anyone. I further agree that I will not attempt to instruct others in any of the techniques used in the course until such time as I receive personal training from Sri Sri Ravi Shankar and the Art of Living Foundation.*

**It is compulsory to attend all sessions of the course.**

Financial: Office Use Only	
Course Fee:	_____
Non-Refundable Deposit:	_____ <b>\$50</b> <input type="checkbox"/>
Balance Paid:	_____ <input type="checkbox"/>
Amount Owning:	_____

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Cheques payable to: "Art of Living Foundation Ltd."

Please send deposit or full fee to your local centre or course organiser.