



BOOKING FORM – SCHOOL PROGRAM

Please email info@travellingyoga.ca with this information, or send it via fax to 1-905-493-5525.

School Name: _____

School Address: _____

Contact Name: _____

Email: _____ Phone Number: _____

Booking Date(s): _____

Timetable Schedule (please include number of children per workshop, classroom teacher name & workshop selection(s). Use additional pages if required:

Instruction in French or English? _____

Is there a specific Guest Instructor you'd like to request (if so, name)? _____

Specific Booking Notes (please be as detailed as possible): _____

