



Nourish Wellness
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Nourish Wellness Comox Registration Form

Name of the Course/Workshop:

Dates of the Workshop:

Participant Name:

Address:

Phone Number:

Email:

Would you like to receive emails about our upcoming classes and workshops?

Yes / No (Please circle)

How did you hear about this course/workshop?

Have you practiced yoga before, and for how long?

Please list any injuries or health conditions that may affect your participation in the workshop:

Emergency Contact Name:

Emergency Contact Phone Number:
