



HARVEST YOGA
Balance and Harmony

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Feedback Form

Your feedback helps us deliver the best classes for you. We greatly appreciate your honest suggestions. All information confidential.

First Name _____ Last Name _____
Telephone _____ Mobile _____ Email _____

Address _____ Post Code _____

Date of Birth _____

Attended Class _____

The physical aspect of the class was

Too Challenging Perfectly Challenging Inadequately Challenging

The yoga poses were

Clearly Instructed Adequately Instructed Inadequately Instructed

The types of yoga poses I would like to do more of are

Lying Poses Sitting Poses Standing Poses
 Back Bends Forward Bends Twists
 Core Strength Balance Inversions

In addition to poses I would like more

Meditation work Yoga Philosophy Yoga Quotations Breath Work
 Relaxation

If you selected any of the above, please provide further details

Please provide details of any physical movements or illnesses that cause you difficulty or pain

Please provide any further details or comments which may help Harvest Yoga structure classes to your needs

