



## Application Form

Full Name:

DOB:

Phone number:

Email:

Address:

Emergency Contact:

Please answer the questions to the best of your ability.

1) How long have you been practicing yoga??

2) Who are your principle teachers?

- 3) Do you have any chronic illnesses or diseases? Or are on any medications?
  
- 4) Do you have a home meditation or yoga practice? If so, what does your daily practice entail?
  
- 5) Why do you want to take this Yoga Teacher Training program?
  
- 6) What are you expecting to get out of this program?
  
- 7) What does Yoga mean to you?
  
- 8) What in life drew you to yoga in the first place?
  
- 9) If you were stuck on a deserted island and could only bring 3 things with you what would they be?

10) What is your purpose?

11) What event in your life lead to your deepest transformation?

\*\*\*Please re-submit your application to sheena\_am@yahoo.ca\*\*\*