

T.R.Y. (Therapy, Reiki, Yoga) 4 Life YTT Certification, LLC ©1999

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Name _____

Address _____ City _____

State _____ Zip _____ Phone _____ cell: _____

Email _____ Birth Date: _____

List any Yoga Classes or related Wksp's you have attended:

Describe present yoga, meditation or spiritual practice (if any)

List any previous teaching experience of yoga or meditation or related subjects:

List any previous certification(s) from other organizations/persons:

List any prescription or non-prescription medications you are taking, and what they are for:

List any history of surgeries, major illnesses, chronic conditions, accidents, injuries or psychiatric care you have had and the approximate dates & any present handicaps to physical exercise:

List in Chronological order High Schools & Colleges you have attended & degree(s) received:

Write your intentions for YTT

Aurora Studio: Wednesdays

How did you hear of this Yoga Teacher Training:

The information supplied by me on this application is accurate to the best of my knowledge;

Signature: _____ Date: _____