

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ cell: \_\_\_\_\_

Email \_\_\_\_\_ Birth Date: \_\_\_\_\_

List any Yoga Classes or related Wksps 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: \_\_\_\_\_