



APPLICATION AND PARTICIPANT QUESTIONNAIRE

Please be assured that the completed forms are kept in strict confidence.

Name: _____

Home Phone: _____

Work or Cell Phone: _____

Email address: _____

Mailing address: _____

Date of Birth: _____

Name of contact person (including relationship to you) and phone number
in case of emergency:

Name of primary care physician and phone number:

Tell us about yourself

How long have you been practicing yoga ?

What style(s) of yoga do you practice regularly ?



List any injuries, medical conditions and/or medications, medical treatment

Which studios and teachers have you worked with ?

What are your objectives from the course ?

What calls you to take Yoga Teacher Training ?

What other hobbies and interests do you have ?
