



Center for Health & Healing
YOGA  MASSAGE

YOGA TEACHER TRAINING APPLICATION

Greetings and peace, thanks for your interest in our life changing
Hatha Flow nationally recognized certified program.

NAME: _____

Please print clearly

ADDRESS: _____

PHONE: _____ PHONE: _____ PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

OCCUPATION: _____

DOB: _____

Do you currently practice yoga? Y or N _____ times per week?

Do you currently practice meditation Y or N _____ times per week?

How would you rate your level of fitness? _____

How would you rate your level of health? _____

Do you currently teach yoga? Y or N Where? _____

How did you hear about the program? _____

How long have you been practicing yoga? _____

What types of yoga have you been practicing? _____



Center for Health & Healing
YOGA ॐ MASSAGE

Do you agree to have your picture take during the training? YES NO

Are you under medical treatment for any physical or psychological conditions? YES NO

List any chronic conditions and medications: _____

What are your expectations for this training? _____

What do you think will be the most challenging about the program for you? _____

What are your short- and long-term goals? _____

Do you have any other certifications? _____

Are you pregnant or trying to become pregnant? YES NO

I understand my \$500 application fee is non-refundable.

Signature

Date

Interviewed By:

Date