

FLEX YOGA 200RYT TEACHER TRAINING APPLICATION



Name: _____

Signature: _____

Address: _____

Email address & phone: _____

How long have you been practicing yoga?

How many times per week?

What style or styles of yoga do you practice?

What brought you to yoga?

Do you intend to teach after you complete this training?

What are your personal goals for this training?

How did you find us?

Let us know a little bit about you; family, hobbies, employment, goals, dreams, fears, challenges etc... (You can use the back of this page for your answer if you need more room!)

Do you have any medical conditions that might affect your FULL participation in this training?

Y / N Please explain:

Do you have any injuries or other physical restrictions? Y / N Please explain:

Do you currently take any prescription medications? Y / N Please list:

Emergency Contact:

Name:

Relationship:

Phone:

email:

A \$300 Deposit is due with this application. You can pay with CC online by following the link in the "HOW TO APPLY" section on our Teacher Training info page:

<http://flexyogawooster.com/teacher-training/> or send a check made out to "Flex Yoga Wooster" with this application.

You can drop off the application at our studio at

151 South Market St. Suite 200

Wooster, OH 44691

or you can mail it to our office at:

Attn: Flex Yoga Wooster TT

570 N Market St.

Wooster, OH 44691