

# JOY OF YOGA ADVANCED STUDIES & TEACHER TRAINING APPLICATION

## APPLICANT INFORMATION

Name:

Telephone:

Cell:

Email:

Current address:

City:

State:

ZIP Code:

Website:

## EMERGENCY CONTACT

Name:

Address:

Telephone:

Work:

Cell:

Relationship:

## HEALTH INFORMATION

How is the quality of your health?

Please describe any and all existing or past physical or mental health conditions:

Are you presently taking medication? If so, what?

Have you had surgeries in the past ten years?

Do you have chronic pain, joint strain, muscle strain or other physical issues?

## YOGA BACKGROUND

1. How long have you been consistently practicing yoga?

2. What types of yoga have you practiced?

3. How often do you practice?

4. Why do you practice yoga?

5. What yoga teachers have most influenced your practice?

6. What qualities would you bring to this program?

7. What are your goals in this program?

8. Intended Participation Level: In-Depth Studies Only or RYT 200 *(Please circle)*

## SIGNATURES

I have read and understand this application and the terms and conditions covered in the complete Joy of Yoga Advanced Studies and Teacher Training Program description. The facts in this application are, to the best of my knowledge, true and complete.

Signature of applicant:

Date:

Please send your completed Application for Admission with a \$500 deposit to:

Reformation Studio

33 Las Colinas Lane, San Jose, CA 95119

408-284-1300

[www.reformationstudio.com](http://www.reformationstudio.com)