



Akasha Yoga Teacher Training 200 hour Enrollment Application



First Name

Last Name

Email

Address

City State Zip Code

Mobile#

Home#

Birthday

Emergency Contact

Name

Number

ABOUT YOUR PRACTICE

What styles do you practice? Please include any prior training.

With which teachers and what studios are you currently practicing?

Why do you want to take Akasha Yoga Teacher Training?

What do you envision yourself doing at the end of your training?

ABOUT YOUR HEALTH

Do you have any medical issues or injuries? Please list

Are you taking any medications? Please list.

GOING DEEPER

What drew you to yoga?

Describe any current spiritual practice.

Do you have any other talents or passions which you will bring into your practice and training.

I have filled out this application as accurately as possible. I agree to the \$250 application fee. I agree the balance of the (training fee) will be paid two weeks prior to the start of training with no refunds.

Name date

