

30 HOUR WHEEL YOGA TEACHER TRAINING APPLICATION

The application is used to help Program Director to assess students' eligibility to the training and to be more aware of students' experience, style of practice and needs prior to the start of the program.

Contact Information	
First and Last Name:	Email:
Home Number:	Cell Number:
Address:	
Personal Experience	
Provide a brief description of your experience or backgro	und with Yoga.
How long have you been practicing Yoga?	
What style(s) of Yoga do you practice?	
Have you ever practiced Wheel Yoga? O Yes O How frequently do you practice?	No
What level would you consider your physical practice to b O Beginner O Mixed Level O Intermediate O Adva Why are you interested in participating in this Wheel Yoga	nced
Health Information	
Do you have any medical conditions or injuries? O Yes O No	
If yes, please describe:	
Do you have any concerns, or will you need any special o	ccommodations?

Applicant signature

Date

Be Earth Yoga does not discriminate against any person based on race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs.