



Anusara® Yoga Immersion and Teacher Training Programs Application

Date _____

How would you rate your knowledge of anatomy? _____

Name _____

Address _____

Please describe your current yoga practice.

City/State/Zip _____

E-mail address _____

Do you currently teach yoga? _____

Home phone _____

Where? _____ For how long? _____

Cell phone _____

How many classes per week? _____

Date of birth _____

What style? _____

Education _____

Do you have any physical injuries or medical conditions? Describe them.

(Include any education that would provide background for this training.)

Why do you practice yoga? _____

How long have you been practicing yoga? _____

Have you practiced Anusara yoga? _____

How long? _____

Please list all your studies of yoga, other trainings, teachers studied with, how often and for how long.

Why are you interested in this particular training and what do you hope to gain? _____

Thank you for your interest in the Bhava Yoga Studio's Immersion and Teacher Training Programs.