

T.R.Y. (Therapy, Reiki, Yoga) 4 Life, RYS
YTT II & Yoga Therapy Certification ©2007
Advanced Yoga Teacher Training ~ The Professional Level
Jan Hauenstein, E-RYT, P.O. Box 664, Aurora, OH 44202
www.try4life.com

Name _____

Address _____

Phone _____ 2nd Phone _____

Email _____

List Classes or Wksps you have taught since YTT (continue on back side if needed for responses)

List Classes or Wksps you have participated in since YTT

Current Yoga, Meditation, Pranayama practice

List any prescription or non-prescription medications you are taking, and what they are for:

List any history of surgeries, major illnesses, chronic conditions, accidents, injuries or psychiatric care you have had and the approximate dates

Write your intentions for YTT 500 Hour Professional Level

Certification Date & Training if other than T.R.Y. 4 Life Institute:

Birth date: _____ Today's Date: _____