

T.R.Y. (Therapy, Reiki, Yoga) 4 Life YTT Certification ©2008

P.O. Box 664, Aurora, OH 44202

evolve@try4life.com www.try4life.com

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Email _____ Birth Date _____

List any Yoga Classes or related Wksps you have attended:

Describe present yoga, meditation or spiritual practice (if any)

List any previous teaching experience of yoga or meditation or related subjects:

List any previous certification(s) from other organizations/persons:

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 & any present handicaps to physical exercise: _____

List in Chronological order High Schools & Colleges you have attended & degree(s) received:

Write your intentions for YTT

River's Edge or Winds of Change YTT Location: (Circle One)

How did you hear of this Yoga Teacher Training:

The information supplied by me on this application is accurate to the best of my knowledge;

Signature: _____

Date: _____