

**T.R.Y. (Therapy, Reiki, Yoga) 4 Life YTT Certification ©2007**

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330-995-4104

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_\_

**List any Yoga Classes or related Wksps you have attended:**

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

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

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

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

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**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:** \_\_\_\_\_

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

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**Write your intentions for YTT**

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**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:** \_\_\_\_\_