

**T.R.Y. (Therapy, Reiki, Yoga) 4 Life, RYS**  
**YTT II & Yoga Therapy Certification ©1999**  
**Advanced Yoga Teacher Training ~ The Professional Level**  
Jan Hauenstein, E-RYT, P.O. Box 664, Aurora, OH 44202  
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Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Email \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_