

*Living Yoga*  
*Teacher Training*  
A PROFESSIONAL & PERSONAL IMMERSION



**APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

How many years have you practiced yoga? \_\_\_\_\_

What style of yoga have you practiced? \_\_\_\_\_

Why are you interested in this training?

Deepen my practice       Teach and deepen my practice

Do you have any injuries or limitations? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please return the application to Liz at The Yoga Co-op at The Garrison  
yogaliz@aol.com.*