

# 200 hour Ashtanga Vinyasa Yoga Teacher Training - Application Form

With Jamie Lee

## **Personal Information:**

NAME: \_\_\_\_\_

Male:    Female:    DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

## **Questionnaire: Complete all questions please**

HOW LONG HAVE YOU BEEN PRACTICING YOGA? \_\_\_\_\_

WHAT STYLES OF YOGA HAVE YOU PRACTICED? \_\_\_\_\_

HOW MANY TIMES PER WEEK DO YOU PRACTICE? \_\_\_\_\_

DO YOU HAVE A HOME PRACTICE? \_\_\_\_\_

IF YES, HOW MANY TIMES PER WEEK? \_\_\_\_\_

DESCRIBE YOUR PRACTICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHY ARE YOU TAKING THIS TEACHER TRAINING? \_\_\_\_\_

\_\_\_\_\_

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LIST YOUR OTHER WORKSHOPS AND OR TRAININGS THAT MAY BE RELEVANT TO THIS COURSE: \_\_\_\_\_

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WHAT ARE YOU LOOKING TO LEARN WITH THIS TRAINING? \_\_\_\_\_

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ARE YOU CURRENTLY TEACHING YOGA AND FOR HOW LONG? \_\_\_\_\_

WHAT STYLE(S)? \_\_\_\_\_

PLEASE LIST ANY INJURIES AND OR HEALTH ISSUES WE SHOULD BE MADE AWARE OF? \_\_\_\_\_

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**Please complete and email to: [mythirdeye@live.com](mailto:mythirdeye@live.com)**

**Options for payment:**

1. Pay in full with credit card on website page or a cheque.
2. Pay with \$500 deposit (non-refundable) with credit card or cheque (remaining balance due April 1<sup>st</sup>).
3. Please note, to receive the early bird price, you must be paid in full by March 25<sup>th</sup>.

**Mail to: Jamie Lee 5832 9<sup>th</sup> avenue, Montreal, QC H1Y 2K2**