



Yoga Therapy Workshops Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Website: _____

1. How long have you been practicing yoga?
2. What style(s) of yoga have you studied and with whom?
3. Do you have a home practice? If so, how often do you practice?
4. Do you have a meditation practice? How long have you been practicing meditation?
5. Do you have any injuries, medical or special conditions?
6. Have you attended other yoga training workshops/courses? If so, when and with whom? *(Use the back if necessary)*
7. What would you like to get from this program?

To be considered for acceptance into this training, please send this form to:
Body Balance Yoga, 135 Gibraltar Avenue, Annapolis, MD 21401 or email to: info@bodybalanceyoga.com