



BAMBU HOT YOGA

200 HR EMPOWER VINYASA YOGA TEACHER TRAINING
APPLICATION

FIRST NAME _____

LAST NAME _____

as printed on your Certificate

EMAIL ADDRESS _____

PRIMARY PHONE _____

SECONDARY PHONE _____

WORK _____

STREET ADDRESS _____

CITY _____

PROVINCE/STATE _____

COUNTRY _____

Postal Code _____

Emergency Contact

NAME _____

NUMBER _____

PERSONAL INFORMATION

Briefly describe your daily routine:

What is yoga to you?

Why do you want to do a yoga teacher training?

What is your current career?

I have been practicing yoga for the following number of years _____

The primary yoga style I practice is: _____

My primary Yoga instructors(s) is/are: _____

Who are the most influential teachers who inspire you to want to teach yoga?

List other areas of health and wellness that interest you?

What is your level of asana practice? BEGINNER INTERMEDIATE ADVANCED

PHYSICAL HEALTH

Do you smoke tobacco? yes no

How would you evaluate your current health? EXCELLENT GOOD SOME CHALLENGES

Are you working through any physical injuries or limitations at this time? yes no

If so please give a brief description:

Do you have epilepsy? yes no

Do you have diabetes? yes no

Are you pregnant? yes no

Are you currently, or during the last two years have you been under the care of a physician, mental health practitioner or other health care professional? yes no

List the health care professional's name, specialty and contact:

Please list any medications you are currently taking or have taken in the last year that were prescribed by a health care professional:

Have you been hospitalized in the past year? yes no

If yes, for what condition?

Do you have any special dietary requirements? If yes, please list:

Do you currently suffer from an eating or exercise disorder, or have you been treated for an eating or exercise disorder in the past?

If yes, please explain:

Please explain your willingness to be fully committed and attend 100% of the training?

Please make any additional comments here or include additional pages with the application:

UPON ACCEPTANCE OUR CANCELLATION AND PRIVACY POLICY :

You have up to 60 Days before the training to cancel in order to receive a refund less a non-refundable deposit fee of \$400.00. If you cancel, you may not substitute a friend or family member in your place. Cancellations under 30 Days before the start or during the training will result in a credit towards future trainings expiring after 2 years of the original date.

X _____ Date _____

** I have read and agree to the terms and policies stated above.*

Email or deliver your completed application. With your non-refundable \$400 deposit.

The remainder of Tuition is due August 1. Payment plans are available upon request E-mail: bambuhotyoga@gmail.com

You will be notified by e-mail of your status within a week after Kaila and Stacey receive your application.