

DIG DEEPER YOGA STUDIES APPLICATION - (DDYS 101)

Name:

Address:

Email:

Phone:

1. How long have you been practicing yoga? What brought you to yoga?

2. What styles of yoga have you practiced and with whom?

3. How often are you practicing yoga?

4. What poses are the most challenging for you?

5. What does yoga mean to you?

6. Do you have any injuries or medical conditions?

7. Are you currently taking any medication?

8. Are you currently teaching? If so, where and how often?