Breezeville Yoga

*200hr RYT

Yoga Alliance Approved

Name:_____ Date: _____

DOB: _____ Sex:_____

1. Do you have any medical or underlying conditions that would require a Dr.'s approval to participate in this 200hr RYT? If yes, please list.

2. What brought you here & why do you want to become a yoga instructor?

3. What are your expectations for, and what do you intend to take away from this teacher training?

4. How long have you been practicing? How often per week do you practice?

*** PLEASE COMPLETE AND SUBMIT, ALONG WITH A $100 APPLICATION FEE. This fee will be applied to cost of tuition**