

## 2020-21 Yoga Teacher Training Application

Date:			
Name:			
Address:			
Phone: Email:			
Emergency contact name: Phone			
Are you a member of Soma Cura Wellness Center?			
How long have you been practicing yoga?			
☐ At Home ☐ At a studio ☐ At a gym ☐ Other:			
What type[s] of yoga do you primarily practice?			
List any injures, past or present, that may be relevant in your practice  List any medical issues that may be relevant in your practice			
How did you hear about our training?			
What are your expectations to what you want to learn in your teacher training?			
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Please anything else of i	nterest, you would like to share with us	5
References:		
	Phone Number	
Name	Phone Number	Relationship
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	cation, along with an essay (approx. 800 ga Teacher Training program	) words) explaining why you
• •	can be submitted at Soma Cura Wellness n. A \$500 deposit will then be required t	
	NDATORY. You must attend every sessions all arrangements to attend.	on in order to qualify for
Dates to be announced	soon	
(Initial Hemaking every effort to c	re) I have made note of the dates and a ome to every session.	m available for class. I also commit to
If you have any question	ns, feel free to call or email us.	
We are so excited for yo	ou to go on this journey with us!	