



# Pranayama Training Application

Thank you for taking the time to fill out this form completely. Your answers will help us create the best possible program for you.

Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age\_\_\_

Male\_\_\_ Female\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Illnesses: \_\_\_\_\_ Prescribed Medications: \_\_\_\_\_

Emergency Contact Information:

| Name | Relationship | Phone |
|------|--------------|-------|
|------|--------------|-------|

\_\_\_\_\_  
Signature of Applicant (Also parent/guardian if under 18)      \_\_\_\_\_  
Date

**You will receive an email of acceptance once your application has been reviewed.**

**We look forward to working with you on this exciting and life transforming program!**

- 1) Are you a certified yoga teacher? If so, when and where did you complete your training and at what level are you certified?

Continues on back...

- 2) Are you currently teaching yoga? If so, where?
  
- 3) Please describe your experience with pranayama:
  
- 4) Please describe what you hope to accomplish by participating in this training:
  - a) Deepen your own understanding of the practice pranayama.
  - b) Learn to teach a pranayama class.
  - c) Incorporate pranayama techniques—including breath meditation in classes you teach or take.
  - d) Understand more about the physical, emotional and energetic aspects of pranayama.
  - e) Other \_\_\_\_\_
  
- 5) Please tell us about your yoga practice including style(s), influential teachers, and your personal/home practice.
  
- 6) Please describe any health conditions you may have that could affect your practice – this can include previous injuries, medical conditions, psychological issues, and current medications. If you smoke, please include that information here.