

Staff _____



Pilgrimage of the Heart Yoga

Meditation and Mindfulness Training

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 _____ 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!

Continues on back...

- 1) Are you a certified yoga teacher? If so, at what level are you certified (i.e. 200-hour, 500-hour, etc.)? (This is not necessary to take the training.)
- 2) When and where did you complete your teacher training?
- 3) Do you currently practice meditation or mindfulness? If so how often and where? Have you taken Meditation/Mindfulness at Pilgrimage of the Heart?
- 4) Please describe your experience with Meditation/ Mindfulness:
- 5) Please describe what you hope to accomplish by participating in this training (possibilities include deepening your own understanding and practice of Meditation; being able to teach a Meditation class, etc.)
- 6) Please describe your meditation practice including style(s), influential teachers, and your personal/home practice.
- 7) Please describe any health conditions you may have that could affect your practice – this can include medical conditions, psychological issues, medications, etc.
- 8) Anything else you wish to share: