



## 200hr Yoga TT Application with Kim Dawes

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Years Practicing Yoga: \_\_\_\_\_ Preferred Style of Asana Practice: \_\_\_\_\_

Deposit or Payment in Full? \_\_\_\_\_ Check #: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

How long have you been practicing yoga? \_\_\_\_\_

What styles have you practiced? \_\_\_\_\_

What is your favorite style(s)? \_\_\_\_\_

Do you have a regular pranayama practice? \_\_\_\_\_ Meditation? \_\_\_\_\_

Please share some thoughts about you own personal yoga practice experience (past and current).

What would you like to obtain from this 200hr Yoga Teacher Training Program?

What are some areas of interest within yoga that you would be interested in learning more deeply?