

Application for Jennyoga Advanced Yoga Studies Training



Name: _____ Tele: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Email: _____

How did you hear about us? _____

Do you have a steady practice? Y N How often per week? 1 2 3 4 5 6+

Please also answer the following questions:

How many years have you been practicing yoga and which styles have you studied?

With which qualified yoga teachers have you practiced yoga?

List any previous yoga trainings/certifications including workshops and relating organizations that you belong to currently?

Why do you want to learn more about the art of yoga?
