

YOGA TEACHER TRAINING 2019

with Kate Pell

Application Form

Name:

Address:

Phone:

Email

Name of contact person (in emergency):

Phone:

Personal Details:

Please circle the location of the Teacher Training you want to join:

Brisbane

Sydney

Armidale

Rockhampton

Briefly outline your experience of Yoga in chronological order. Please describe the traditions that have most influenced you, with your teacher's names.

What does Yoga mean to you?

Deepen your practice of understanding Yoga and Self. Make Yoga teaching your lifestyle and profession.

Please describe the content, frequency and average length of your yoga practice.

What do you consider your strengths and weaknesses? Please consider your emotional, psychological and physical self.

Briefly outline your reasons for doing this teacher training?

Please describe your educational background or enclose your CV.

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Medical Details.

Please supply details of pre-existing and current injuries.

Please supply details of pre-existing or current medical conditions.

Are you taking any medication? If so please list.

How did you hear about this Yoga Teacher training (please circle one)?

Word of mouth

Internet

Other (please describe)

Please wait to hear back from Kate regarding your acceptance into the course. Once you have been accepted you can secure your place by making your first payment (deposit) for the course. The deposit is non-refundable.

Course Total: \$5,500

I have read and agree to these terms and conditions for registration.

Signature:

Please send your Application Form to Kate:

Emails: kate@bowralyogastudio.com.au

Please know all information will be treated with utmost confidentiality.

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