

Name			Date:
Address _			
City			Zip
Phone ()	Е	mail
How did y apply)	ou learn about	the Soul Tree Teache	er Training program? (please check all that
I practice a (please lis	t teacher's nam	ne): □Adv	My yoga teacher recommended it ertisement (please list source):

1. Please tell us about your teaching experience:

2. List your previous Yoga Training:

3. What do you hope to achieve at the completion of the program?

4. Why are you choosing this particular advanced training to deepen your education?

5. The work we will be into might get challenging and at times be uncomfortable. Vulnerability is a must to get the most out of this training. Are you willing to explore your depths to reveal your gifts? What are your patterns when life challenges you? What can you do to stay committed?

6. Please share any medical history below so that we can be sure to respond to any emergencies should they occur during your training. Any condition that might affect your participating in the program and practicing and teaching yoga. All information that you provide in this application, to the Program Director, or to any of the instructors will be held strictly confidential.

*Please note that your responses to medical history will not exclude your from being accepted into the program.

7. Please list anything else that you would like your instructor to be cognizant of to help ensure the best experience possible.

You may return this application by email to meg@soultreecolorado.com or drop off at the front desk. The enrollment agreement and deposit are both due to reserve your space in the program.

Lori Glazebrook, Meghan Stockdale & YTT Staff