

OM SHANTI - ZENITRY YOGA TEACHER TRAINING

BEFORE YOU COMPLETE THIS APPLICATION, PLEASE COME IN AND TAKE A CLASS WITH CRICKET, SUSAN, DARYL OR MARY AND MEET OR SPEAK ON THE PHONE WITH US TO BE SURE OUR COMMUNICATION SKILLS MESH WITH YOURS. WE ARE HAPPY TO HAVE YOU AT THIS CLASS AS OUR GUEST (NO CHARGE), AND TO ANSWER ANY QUESTIONS YOU HAVE ABOUT OUR PROGRAM. THIS IS YOUR EVALUATION OF US, NOT OUR EVALUATION OF YOU.

ONCE WE HAVE SPOKEN, PLEASE GIVE ANSWERS TO THESE QUESTIONS, EITHER ON THIS DOCUMENT OR ONLINE.

NAME;
ADDRESS:
PHONE:
E-MAIL:

DESCRIBE YOUR YOGA PRACTICE. HOW LONG HAVE YOU BEEN PRACTICING, WHERE, IN WHAT STYLES, AND WITH WHOM? IF YOU HAVE STUDIED IN DEPTH WITH A PARTICULAR TEACHER, PLEASE DETAIL THIS EXPERIENCE.

WHAT INTERESTS YOU ABOUT THE OM SHANTI - ZENITRY YOGA TEACHER TRAINING?

DETAIL ANY ELEMENTS OF THE PROGRAM YOU ANTICIPATE BEING DIFFICULT FOR YOU.

WHAT IS YOUR GOAL FOR UNDERGOING TEACHER TRAINING?

AFTER READING YOUR APPLICATION, WE WILL CONTACT YOU FOR ANY FURTHER INFORMATION AND TO TALK THROUGH YOUR ANSWERS.

UPON ACCEPTANCE, YOU WILL BE ASKED TO PROVIDE CONTACT/EMERGENCY MEDICAL INFORMATION AND TO SIGN A CONTRACT OUTLINING YOUR COMMITMENT. BOTH FINANCIALLY AND PHYSICALLY.