Kundalini Yoga Durham Application Form: Kundalini Yoga Level I Teacher Training

Date:			
Name:			
Address:			
City:	_ State:		Zip:
Phone:	_		
Email:	_		
Preferred Pronouns:		Birthdate:	
Former Professions:			
Current Profession:			
Educational Background:			
How did you hear about the Ku	undalini Yoga	Durham Teacher	Training?

1. What is your current experience with yoga/meditation? Where have you practiced, with whom, and how long? Do you have any yoga teaching certifications?

2. What is your primary reason for wanting to become a yoga and meditation teacher? What has inspired you?

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3.	What do you want to receive from this training program?
4.	Please describe your own yoga and meditation practice?
5.	Do you have a spiritual focus in life, or live by any discipline or practice? Please describe:
6.	Please describe your diet and its relationship to your yoga or spiritual practice?
7.	Have you participated in other trainings within the holistic health field, or spiritua realm? Please describe:
8.	Please describe your current health:

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9. Are there any health concerns that we should know about?
10. Have you had any experience with leading classes or teaching? If yes, please describe:
11. If you are a parent, do you have reliable child care for evening/weekend classes
12. Please give the names of two people not related to you, who are qualified to give a character reference. Please list names and phone number.
Please sign and print your full legal name, along with the name you would like to be addressed:
Print Legal Name: Called by Name: Signature:Date:
A \$300 non-refundable deposit is required to hold your space which will go toward cost of the training.
Sat Nam. Thank you for your interest in teaching Kundalini Yoga and Meditation!