

Staff \_\_\_\_\_



# Pilgrimage of the Heart Yoga

## Meditation and Mindfulness Training

Thank you for taking the time to fill out this form completely. Your answers will help us create the best possible program for you.

Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Male \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Illnesses: \_\_\_\_\_ Prescribed Medications: \_\_\_\_\_

Emergency Contact Information:

Name	Relationship	Phone
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Signature of Applicant (Also parent/guardian if under 18)	Date
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**You will receive an email of acceptance once your application has been reviewed.**

**We look forward to working with you on this exciting and life transforming program!**

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- 1) Are you a certified yoga teacher? If so, at what level are you certified (i.e. 200-hour, 500-hour, etc.)? (This is not necessary to take the training.)
  
- 2) When and where did you complete your teacher training?
  
- 3) Do you currently practice meditation or mindfulness? If so how often and where? Have you taken Meditation/Mindfulness at Pilgrimage of the Heart?
  
- 4) Please describe your experience with Meditation/ Mindfulness:
  
- 5) Please describe what you hope to accomplish by participating in this training (possibilities include deepening your own understanding and practice of Meditation; being able to teach a Meditation class, etc.)
  
- 6) Please describe your meditation practice including style(s), influential teachers, and your personal/home practice.
  
- 7) Please describe any health conditions you may have that could affect your practice – this can include medical conditions, psychological issues, medications, etc.
  
- 8) Anything else you wish to share: