



Pilgrimage of the Heart Yoga Yin Yoga 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 ___ Female ___ Address _____

City _____ State _____ Zip _____

Email Address _____

Phone # (____) _____ Occupation: _____

Illnesses: _____ Prescribed Medications: _____

Emergency Contact Information:

Name Relationship Phone

Signature of Applicant (Also parent/guardian if under 18) Date

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!

Continues on back...

- 1) Are you a certified yoga teacher? If so, at what level are you certified (i.e. 200-hour, 500-hour, etc.)?
- 2) When and where did you complete your training?
- 3) Are you currently teaching yoga? If so, where?
- 4) Please describe your experience with Yin Yoga:
- 5) Are you currently teaching Yin Yoga, or incorporating elements of it in non-Yin classes? If so, where?
- 6) Please describe what you hope to accomplish by participating in this training (possibilities include deepening your own understanding and practice of Yin Yoga; being able to teach a Yin Yoga class; incorporating Yin elements and vocabulary—including mindfulness—in your non-Yin classes; or something different):
- 7) Please tell us about your yoga practice including style(s), influential teachers, and your personal/home practice.
- 8) Please describe any health conditions you may have that could affect your practice – this can include previous injuries, medical conditions, psychological issues, medications, etc. Pregnant students are welcome in this training –please let us know so we can accommodate you!