



REGISTRATION FORM **YOGAHA TEACHER TRAINING APPRENTICESHIP**

NAME : DATE :

ADDRESS :

T : EMAIL :

PLEASE DESCRIBE YOUR PREVIOUS YOGA EXPERIENCE :

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TEACHER(S) YOU HAVE WORKED WITH :

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BRIEFLY OUTLINE YOUR CURRENT YOGA PRACTICE :

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ARE YOU WORKING WITH ANY INJURIES OR MEDICAL CONDITIONS :

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PLEASE DETAIL REASONS WHY YOU WISH TO UNDERTAKE THE TEACHER TRAINING PROGRAM :

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WHAT DO YOU HOPE TO GAIN FROM THE EXPERIENCE :

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Please return registration form by post to
James Bahuth PO Box 3045, RipponleaVIC 3185
or email your response to **james@yogaha.com.au**

