Kali Chandra School of Yoga

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| --- | --- | --- |
| Name |  | |
| Address |  | |
| Email |  | |
| About You: | | |
| What is your experience of yoga so far?   |  | | --- | |  | | | |
| What is your motivation to take this 200hr training?   |  | | --- | |  | | | |
| Do you have any injury or health issue that may hinder your studies? | |  |
| Can you attend all dates listed on the website for the course you’re applying for? | |  |
| What is your definition of yoga – as you know it and based in what it has done for you?   |  | | --- | |  | | | |

Payment Option: Paying in Full/Installments

(You will be emailed a link to complete payment based on the choice you make here)

Date:

Signature: