

Karuna Yoga 200 hr Program Application



Please fill out the following application and submit it with your completed recommendation form and \$150 deposit to 4025 Yoga & Wellness. Each application will be reviewed by the program directors, who will then contact you. All completed forms are due 30 days prior to the start of each program.

1. Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____ E-mail _____
2. How long have you been practicing yoga? _____
3. What types of yoga have you practiced? _____

4. Do you have a teacher? yes no
If yes, please list instructor's name, phone number, and state how often you practice together _____

5. How often do you practice on your own? _____
6. Do you have a background in Anatomy? yes no
If yes, please describe your experience _____

7. Please list and describe your background in other modalities (Pilates, etc.)

8. Are you presently teaching yoga? yes no
If yes, please list the styles you teach, how long you've been teaching, where you teach, the length and frequency of each class _____

9. Are you familiar with the Yoga Sutras? yes no
If yes, please describe your experience _____

10. What spiritual traditions have you studied? _____

11. Are you seeking the 200 Hour Yoga Alliance Registration? yes no

12. Please tell us about yourself & why you wish to participate in the Karuna
Yoga Development Program _____

13. Please describe what the practice of yoga has done for you.

Thank you for your interest in the Karuna 200 hr Development Program. Namaste!

