

FUNdamental Yoga Teacher Training

Application

Applicant Information

Date ___/___/___

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

How many years of you practiced yoga? _____ Please describe your practice.

Have you completed any other yoga certifications? _____ If yes, what are they?

What does Yoga mean to you?

Why do you want to take YTT?

How to find you on social media:

Facebook _____

Instagram _____

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Are there any health conditions or learning disabilities Paula Greene should know about that may be a challenge during the training? If yes, is it ok to talk about it? _____

After the application is reviewed a meeting will be set up with Paula Greene. If accepted the next step is confirmation of acceptance, then you may register for the program.

Please fill in the best way to reach you for a meeting:

Paula Greene Yoga



