

Let Your Yoga Dance® Teacher Training for Special Populations

Health and Training Information

Please complete and return via email to megha@letyouryogadance.com

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ **Mobile Phone:** _____

Email: _____

Occupation: _____

Please answer the following questions and use the back of this page for more space.

1. Why have you chosen to attend *Let Your Yoga Dance Teacher®* Training for Special Populations at this time in your life?
2. Have you ever participated in a *Let Your Yoga Dance®* class? YES NO (explain)
3. What are you hoping to learn and gain from *Let Your Yoga Dance®* Teacher Training for Special Populations?
4. What gifts do you bring to this training program?
5. Have you graduated from LYYDTT? If so, when?
6. Are you presently teaching yoga, dance or other movement arts? Please describe.
7. How did you hear about *Let Your Yoga Dance®* Teacher Training for Special Populations?
8. Do you have any concerns or limitations with regard to attending the training?
9. Please describe any physical limitations that you are presently working with.