



**Balanced Life Yoga**  
*Inspiring Spirit Accelerated Teacher Training*

**Registration Form**

**Please complete the following:**

**Date:**

**Full Name:**

**Street Address:**

**Town/City:**

**Province:**

**Postal Code:**

**Telephone: Work:**

**Home:**

**Cell:**

**E-mail Address:**

**Occupation:**

- 1. How long have you been practicing yoga? Please describe styles, teachers, length of time with each. List any teacher training programs you have taken.**
  
  
  
  
  
  
  
  
  
  
- 2. Describe any educational or professional training you may have had in the holistic healing field such as massage, Reiki, Ayurveda, etc.**

**3. Describe your yoga practice along with strengths and limitation you perceive.**

**4. Describe why you are interested in participating in the Teacher Training Program and what you hope to do once you are certified.**

**5. Visa or Mastercard number with expiry date to charge the \$500 deposit:**