



Yoga Gyan Jyoti

Center for Yoga and Ayurveda

Application for Admission

Program of Interest: 200 Level 500 Level

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone (Home): (____) _____ Cell: (____) _____ Birthdate: _____

Email address: _____

Emergency Contact Name and Phone: _____

Current Occupation: _____

Employer: _____

Educational Qualification: _____

Professional Degrees/Diplomas: _____

Any physical challenges or health issues that would affect your practice of yoga? (use additional sheets if needed)

Where did you hear about the training program? _____

What are your expectations for the training?

What is your yoga experience? Do you take classes or teach yoga elsewhere?

I affirm that the information provided above is accurate to the best of my knowledge.

Signature: _____ Date: _____