

Ravvi's Yogapadhashala

Yoga Teachers Training Course (Residential) APPLICATION Form

Please complete this form and send it with your payment to Ravvi's Yoga padhashala, 8 Anatoli Grand Villas, Konnos 69, Protaras, Cyprus 5297 or email at ravviyoga@gmail.com



Name: _____ Surname: _____ Sex: _____

Birthdate: ___ / ___ / _____ Email Address: _____

Contact: + _____ Address: _____ Street: _____

City: _____ State: _____ Country: _____

Occupation: _____

Name of Course: _____

Course Start Date: ___ / ___ / _____ Course End Date: ___ / ___ / _____ Hours: _____

- How did you find out about this program?

- What is Yoga for you?

- Number of years (min. 2) practicing Yoga (what tradition/style):

- Are you teaching Yoga (what tradition/style and for how long)?

- Other relevant education training:

HEALTH INFORMATION

Kindly specify if Pregnant for the instructor to be aware of:

Under medical treatment or supervision for:

Injury or major surgery within the last two years:

Allergies, non-tolerance to any food: Any other physical, mental or health conditions:

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ SURNAME: _____ CONTACT: _____

RELATIONSHIP: _____ EMAIL: _____

ADDRESS: _____

I have read and accept Ravvi's Yogapadhashala Terms and Conditions. I certify that the above information is true and complete to the best of my knowledge and that I will not hold Ravvi's Yoga Padhashala or any instructor/employee of Ravvi's Yogapadhashala liable for any mishaps arising from my participation in Yoga course.

Signature: _____

Date: ___ / ___ / _____