

Blue Lotus Yoga & Healing Arts
44 Old Highway 22, Suite #4, Clinton, New Jersey 08809
908-310-7100

Application for 2008/2009 Yoga Teacher Training

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail address: _____

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What is your reason for applying for this program?

Please describe your physical health, and any health issues, limitations or concerns.

How long have you been practicing yoga?

Please list any yoga trainings that you have attended.

Please provide a short bio about yourself including a description of your present personal yoga practice.

Please return your application to Blue Lotus Yoga & Healing Arts by August 20<sup>th</sup>, along with full payment or deposit. If for any reason your application is not accepted, your deposit will be returned.