



AUROLAB YOGA PROJECT APPLICATION FORM



1. Name:
2. Address:
3. Phone (H) (Mobile)
4. EMail:
5. Date of Birth:
6. Who is your current Yoga Teacher?
7. How long have you attended this class?
8. What other teachers have influenced your practice or experience of Yoga?
9. How long have you been practicing Yoga?
10(a) Do you practice Yoga at home?
(b) If yes, when and for how long?
(c) What does your practice consist of?
11. What do you hope to gain from this course?
12. What do you have to offer the course/group? Include qualifications, skills, interests etc.

13. Please list major illnesses, accidents, operations etc. giving dates and treatment received.	
14. What is your current understanding of the practice of Yoga?	
15. Signed:	Date:



Please complete application & post to:
 Gabi Gillessen,
 Wood-of-O, Tullamore, Co. Offaly
 All Applications will be treated in Total Confidence.