



ANAHATA YOGA STUDIO

Aerial Yoga Teacher Training

Please complete this form and send it to training@anahatayoga.gr

Name	
Address	
Area	
Postal code	
Country	
Mobile number	
Home number	
email	
Date of birth	
Occupation	
Degree (if there is one)	
Mother tongue	
Other languages	
Emergency contact - Name	
Emergency contact - Phone number	

1. Please let us know which program you are interested in (date and title)

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2. Please let us know how you found out about our studio:

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3. Medical Information

A. Do you receive any medication? yes / no

B. Do you have any injuries or any other health problems that can interfere with your practice?

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4. Experience in yoga practice

A. Have you tried practicing Aerial Yoga? If yes, for how long?

B. What inspires you in Aerial Yoga practice (one paragraph)?

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C. Do you currently teach yoga or aerial yoga? yes / no

D. Please let us know why you choose to participate in the certain training program:

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