



2019-20 Yoga Teacher Training Application

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency contact name: _____ Phone _____

Are you a member of Soma Cura Wellness Center? Yes No

How long have you been practicing yoga? _____

At Home At a studio At a gym Other: _____

What type[s] of yoga do you primarily practice? _____

List any injuries, past or present, that may be relevant in your practice _____

How did you hear about our training? _____

Why do you want to take yoga teacher training? _____

Please list any trainings/certifications that you think may be relevant _____

What are your expectations to what you want to learn in your teacher training? _____

Please anything else of interest, you would like to share with us _____

Please submit this application to Soma Cura Wellness Center or email vanessa@somacura.com

A \$500 deposit will then be required to hold your spot.

If you have any questions, feel free to call or email us.

We are so excited for you to go on this journey with us!