

**Integrative Yoga  
Teacher Training Program  
Registration Form**

Mail the completed form with a check made payable to BodyWorks Yoga,  
490 Second St., Petaluma, CA 94952

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

e-mail \_\_\_\_\_

What is your experience with yoga or other healing modalities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How regularly do you practice yoga and/or meditation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your vision for yourself in respect to Integrative Teacher Training? \_\_\_\_\_

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*Attach separate sheet if desired.*

Short interview appointment included in registration, you will receive a call to schedule.