

Be the Love, Yoga Teacher Training School Registration Form

PLEASE PRINT AND RETURN BY MAIL WITH YOUR DEPOSIT

BE THE LOVE RYS C/O YOGA ROOTS
444 E. MITCHELL ST PETOSKEY MI 49770

We are delighted to have you and look forward to learning and growing with you.

Name: _____ Employer: _____
Last First MI

Home Street Address City State Zip Code

() _____ Birth Date: ____/____/19____
Telephone Month Day Year

E-mail address _____

Payment: please circle one and include appropriate details.

Paid -in-full (check included) Payment plan option (1 Year) or (2 Years)

What is your experience with yoga? What styles have you practiced? For how long?

What are your goals and intentions for this course?

What inspires you to teach yoga?

