

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Website: _____

1. When and where have you taken previous Body Balance Yoga Therapy Trainings with Jenny Otto?
2. How long have you been practicing and/or teaching yoga? *(Please present a timeline of your experience; use the back if necessary)*
3. When and where did you complete your teacher training?
RYT200:
RYT 500:
4. How often do you practice?
5. What other trainings or certifications outside of yoga do you have that may help you with students?
6. Are you currently working with special populations or working with students therapeutically? Please explain.
7. Do you have any injuries, medical or special conditions?
8. Have you attended other yoga training workshops/courses? If so, when and with whom? *(Use the back if necessary)*