



Anmeldung/Registration

POWER YOGA GERMANY
TEACHER TRAINING
in Hamburg

Personal details

1) Full name: _____

2) Sex: _____

3) Date of birth: _____

4) Postal address: _____

5) Email address: _____

6) Phone: _____

7) Passport type & number: _____

8) Emergency contact person & contact number: _____

9) Occupation: _____

Your Yoga Practise

What style of Yoga do you practise? _____

Do you have a self-practise? (If so pls detail incl. length, frequency & content.)

Do you attend regular classes? What style, how often and with whom?)

Are you currently teaching (If : where & how often?)

What areas of your yoga practise do you have difficulty in?

How do you integrate yoga into your daily life?

What if any, yoga texts have you read?

What do you wish to achieve from completing this course?

Please list a personal history of other yoga related qualifications, self development courses, meditation or yoga retreats/workshops you have completed and when:

We require students to have a reference from one of their teachers with whom they have practiced regularly, OR have previously completed a 200 hour Yoga Alliance Training Course Certificate. Thank you for completing the questionnaire. Please note that completion for this questionnaire does not guarantee you a place in the course.

Once you are accepted into the course you will be required to sign a disclaimer form. Only on receipt of your disclaimer and deposit, will your place on the course be secured. Please confirm that you understand the training program is of an intense nature and will be challenging.