REFINERY TEACHER TRAINING APPLICATION FORM

APPLICATION FORM	SCHOOL
Full Name	of YOGA
DOB	OF YOGA REFINERY
Address	
	Tel
	Email
How long have you been practicing yoga?	
What styles do you practice and where?	
What attracts you to The Refinery Yoga teache	r training?
Do you presently or have you ever taught yoga	? If so, please elaborate.
How has yoga influenced your life?	
Share a little known fact about yourself! Includinterests, age, background, what you love	e anything you prefer: goals, occupation,
What is your favourite tune?	