

# TriBalance Immersion Application



## GENERAL INFORMATION

NAME: \_\_\_\_\_

DATE

ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

OTHER PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE TRIBALANCE IMMERSION?

EMAIL: \_\_\_\_\_

APPLICATION FOR:

EXPANSION  ILLUMINATION  INSPIRATION

PLEASE MARK ALL THAT APPLY FOR THE COURSE:

I WILL BE WORKING FULL TIME  I WILL BE WORKING PART TIME  I AM NOT SURE IF I WILL BE WORKING

PLEASE CHECK ATTACHED SCHEDULE AND LIST ANY POTENTIAL PROBLEMS WITH THE SCHEDULES DATES YOU MAY HAVE.

## MEDICAL BACKGROUND

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL!

LIST ANY MAJOR HEALTH CONCERNS/ISSUES/AILMENTS THAT MIGHT AFFECT YOUR TRAINING EXPERIENCE.

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING OR MIGHT BE TAKING.

PLEASE LIST AN EMERGENCY CONTACT.

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ALT. PHONE NUMBER: \_\_\_\_\_

YOGA BACKGROUND AND PRACTICE

PLEASE USE EXTRA SHEETS OF PAPER IF NECESSARY TO COMPLETE INFORMATION.

YEARS PRACTICING YOGA:

STYLES PRACTICED:

TEACHERS YOU HAVE STUDIED UNDER:

[Empty text box for teachers studied under]

YOGA TRAINING PROGRAMS COMPLETED:

[Empty text box for yoga training programs completed]

YOGA WORKSHOPS ATTENDED:

[Empty text box for yoga workshops attended]

DO YOU PLAN TO TEACH? WHY OR WHY NOT?

[Empty text box for teaching plans]

WHY DID YOU START PRACTICING YOGA?

[Empty text box for reasons for practicing yoga]

WHAT SORT OF CHANGE ARE YOU LOOKING FOR?

[Empty text box for desired changes]

IN OUR MISSION STATEMENT, WE SAY “WE CAN MAKE YOU STRONGER.” HOW WILL THIS APPLY TO YOUR PRACTICE?

[Empty text box for mission statement application]

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

TODAY’S DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_