## SEMBRANDO SEMILLAS CON YOGA

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## Application Form for Yoga Teacher Training 200 hours

PERSONAL INFORMATION
Surname First name
Date of Birth Day Month Year
Age
Sex Male Female
Marital status Married Single
City/State/Country or Birth
Nationality
Passport No
Knowledge of English Fluent Average Poor
ADDRESS
Permanent Address
Phone
email
YOGA EXPERIENCE
Yoga Training
Institutions
Courses
Duration
Yoga Teaching
Duration
Location
Country

## Ashram Life or Yoga/Meditation Retreat

	Duration
	Location
	Spiritual Tradition
	Tradition
	Guru's name
	Spiritual name
	Initiation date
ALI	MENTATION
	At the retreat simple vegetarian food is served.
	Please list any food items that you can not eat
	Food Allergies or Intolerances
PER	SONAL NOTE
	Mother or Father's name and address
	in case of emergency please notify the following person (include name, phone no., email and relationship)
MEI	DICAL HISTORY
	Do you suffer from any illness or any symptoms? If yes, provide details.
	Do you have or have you ever had any mental disorder? If yes, provide details.
	Do you have any addictions? If yes, provide details.
	Do you currently need any medication? If yes, provide details

DECLARATION
I, hereby delcare that the information given in this application is true and accurate to the best of my knowledge. Sembrando Semillas con Yoga has the right to change and/or reverse any decision made on the basis of incorrect or incomplete information.
I further understand that I need to have my own insurance as Sembrando Semillas con Yoga will not be responsable for any accidents which may occur during the time of your stay.
Furthermore, I understand that the reservation payment is not refundable less than 30 days before the course, I agree that eventual refunding of the reservation payment is only done by 50 % of the total amount.

Date ...... Signature of applicant .....