

# Application for Svastha Yoga Therapy Program

*All information provided will be treated confidentially.*

name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

email address \_\_\_\_\_

phone number \_\_\_\_\_

please give a brief history of  
your personal practice

are you presently teaching?  yes  no

if yes, for how long and what style?

what style yoga do you usually practice?

do you have a personal yoga and meditation practice?

if so, please explain in brief.

please list your teacher trainings

.....  
*Please submit payment in person or by mail to AYC:*

*Ashtanga Yoga Center  
4000 Abemarle St. NW.  
Washington. DC 20016*

*A deposit of \$250.00 is required. Full payment is due by April 1st.*

April 14 - 18, 2012

Mon, Tues, Wed:  
9am -5pm

Sat, Sun:  
10am - 6pm

Cost: \$650.00

*please fill out and*

*e-mail this form to:*

***info@ashtangayogadc.com***

**ASHTANGA  
YOGA  
CENTER**

4000 Abemarle St., NW  
Washington D.C. 20016