

## APPLICATION FOR RADIANT LIGHT YOGA 2010 LEVEL 2 TEACHER TRAINING

Name:

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Email:

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Mailing Address:

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Telephone:

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Mobile:

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Date of Birth:

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Name of Yoga teacher Training Course and date of graduation:

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What is your experience in practising and teaching yoga?

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Any injuries?

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Please write and attach a letter explaining why you want to attend this course: