**Eric Paskel's Life and Teacher Training Application**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Cell or Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want to teach yoga? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you already have a 200 hr. Training Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Date Received & Studio/Teacher:

How Long Have You Practiced Yoga? \_\_\_\_\_\_\_\_\_\_ How Many Times Each Week? \_\_\_\_\_\_\_\_\_

What Styles of Yoga Do You Prefer?

Why Do You Practice Yoga?

Have You Attended Any Classes/Retreats/Trainings with Eric Paskel?

If so, When And Where?

What Do You Hope To Gain From Eric Paskel's Life and Teacher Training?

Food Allergies/Medical Conditions

Any Additional Information You Would Like To Share With Us?

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Sign-up Form**

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Name (as it appears on your credit card)

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Street (as it appears on your credit card)                                                  Apt

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City                                             State                              Zip

**Please email application to: eric@electricsoul.yoga**