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HOLY COW
 YOGA CENTER

"LIVING YOUR YOGA" TRAINING APPLICATION

NAME _____

FULL MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ AGE _____

EMAIL ADDRESS (OPTIONAL) _____

HOW LONG HAVE YOU PRACTICED YOGA? _____
 (MINIMUM OF 6 MONTHS REQUIRED)

WHAT STYLES OF HATHA YOGA HAVE YOU EXPERIENCED? _____

DO YOU HAVE A REGULAR TEACHER YOU STUDY WITH, IF SO WHOM?

WHEN WAS THE LAST YOGA CLASS YOU TOOK? _____

DO YOU MEDITATE REGULARLY? _____

TELL US ABOUT YOUR LIFESTYLE. DO YOU ENGAGE IN ANY OF THE FOLLOWING?
 (CIRCLE ALL APPLICABLE)

SMOKE DRINK ALCOHOL EAT MEAT DRUGS

DO YOU HAVE ANY PHYSICAL LIMITATIONS, IF SO WHAT? _____

WHAT IS YOUR ASPIRATION IN COMPLETING A "LIVING YOUR YOGA" TRAINING?

PLEASE SEND THIS APPLICATION, ALONG WITH A CHEQUE FOR \$150 TO RESERVE YOUR SPACE. THIS PAYMENT WILL BE DEDUCTED FROM TUITION COST IF ACCEPTED.
DEADLINE FOR APPLICATION IS FEBRUARY 1, 2006.

COST: \$495
 (INCLUDES TEXT BOOKS & FIELD TRIP)
 MASTERCARD & VISA ACCEPTED