



Pathways Yoga Systems

TEACHERS TRAINING REGISTRATION FORM

Level I

Please fill out and return with your registration fee of **\$600**

Make checks payable to **Pathways Yoga Systems**

Mail Registration and check to:

Pathways Yoga Systems TTR

PO Box 843

Exeter, NH 03833

NAME:

ADDRESS:

HOME PHONE:

WORK PHONE:

E-MAIL ADDRESS:

OCCUPATION:

Please answer the following questions to help us guide you in your studies:

1. What are your personal goals in taking this course of training?
2. What are your teaching goals in taking this course of training?
3. What yoga background do you have?
4. Why have you chosen Pathways for your teacher training?
5. Do you have any physical or medical limitations?
6. If you answered yes, is it your intention to address this in your training?

SIGNATURE:

DATE: