

Your photo



300+ hours Teacher Training Application

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ot, with whom ?
ining program?
the partner studio, if the ? Or a special project that ur town.



Personal information

How would you evaluate your current health						
Excellent	Go	ood	Fair	Some challenges		
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• Do you	ı have any disabilit	ties?				
Yes	No					
Have y	ou practiced Ashta	anga for at lea	ast 250 hours ?	ays a week? And which	style?	
• Do you	ı have a home prac	tice?				
Yes	No					
	ave been your prin	-	-			
• Tell us praction	about your pranay ce regularly, what	yama experie do you practio	nce (have you le ce, who did you l		do you	



Tell us about your	r meditation experience	
• • • • • • • • • • • • • • • • • • • •		•
• • • • • • • • • • • • • • • • • • • •		•
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, ,	a challenges you the most?	
• Are you currently teach?	teaching yoga? If yes, for how many years and where do you	
	ach after this training?	
Yes	No, its for my personal growth only	
	osen the Ashtanga Yoga Paris teacher training?	•
What do you expo you think you wil	ect to learn from this training in regards to the yoga? And how do	D
•••••		•
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•



Payment information

Please mail the registration form or scan and email want to mail it: Ashtanga Yoga Paris 40 Avenue de France If you want to e-mail: info@ashtangayogaparis.fr	la République 75011 Paris,
• Choose a payment option :	
Option 1 : 800€ as registration fees	
Option 2 : the full amount of 5000€	
I understand that if I choose the option 1, I'll have next 3 years (2 in option) to register for them.	ve to pay for each workshops in the
I am enclosing the following in checks (make the	order to ASHTANGA YOGA PARIS):
The full amount of 5000 euros	
The deposit of 800 euros	
Post-dates checks	
Dates and amount	
 My participation in this teacher training will be f AFDAS, Pôle Emploi): 	funded by an organisation (e.g.:
The fees of 5000€ will be paid by :	•••••
<u>Payments and refund policy</u>	
All payments are non-refundable when registering f	or the training.
JI have read and accept the above terms, please sign and date.	