

kula foundations program application

Please send completed application via email to: annex@mykula.ca (subject to read: Foundations Program Application)

APPLICANT INFORMATION

Last Name		First	
Street Address		Apartment/Unit #	
City			
Phone		Phone (alt.)	
E-mail Address			
DOB (DD/MM/YYYY)			

EMERGENCY CONTACT INFORMATION

Last Name		First	
Relationship:			
Phone		Phone (alt)	

PLEASE TAKE AS MUCH SPACE AS YOU NEED TO ANSWER THE FOLLOWING QUESTIONS

What inspired you to apply for the Foundations Program? Please share your story.

What are your hopes in taking Kula's program?

Do you have any fears or concerns in doing this program?

What are your hopes and/or ideal outcomes from taking our Foundations Course?

Describe your physical health: Injuries, medical conditions or concerns.

kula *foundations program application*

Describe your background outside of yoga, particularly any other trainings that would be relevant for this program (i.e. massage, osteopathic, Reiki...etc.).

What do you perceive to be your greatest gifts as an unfolding student?

What do you perceive to be your greatest challenges as an unfolding student?

Tell us about your Yoga practice: What do you love about it? What challenges you? What would you like to improve on or change?

Are you able to fully commit to the schedule of the training?

Is there anything else that you would like to share?

How did you hear about this training?