

Date: _____

Name: _____

Phone: _____

Email: _____

How did you hear about this: _____

Availability: (please check ALL that apply)

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

Please take some time to fill out the questions below!

In your own word describe what this program is, and what it means to you.

Is there anything that might conflict with you completing your hours each week?

How long have you been practicing yoga/ at this studio?

What life skills/ experiences can you bring to this exchange?

What do you hope to gain from joining this exchange?

Do you have any medical/ health concerns we should know about?

