

# kula foundations application form

Please send completed application via email to: [oakville@mykula.ca](mailto:oakville@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 the Foundations Course?*

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

# kula *foundations application form*

*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?*