



Whole Birth Prenatal Yoga Teacher Training Application & Registration Form

Date _____

PARTICIPANT INFORMATION

First Name _____ Last Name _____

Age _____ Do you have children? _____

Home Address _____

City _____ State _____ Zip code _____

Phone: Day time () _____ Evening() _____

Email address _____

How did you hear about the WBYTT: _____

Date of training you wish to attend; _____ Will you need lodging? _____

Please write a brief letter of introduction (1 – 2 pages) including any experience you have in the following areas;

- Giving Yoga Instruction (or any other form of movement, dance, tai chi?);
- Practice of Yoga, Dance, Tai chi or Qui Gong;
- Facilitating Groups;
- Counseling;
- Childbirth Education, Doula, midwifery, or other birth work;
- Meditation (Please include a description of your meditation experience if any, including number of years of practice and tradition(s) of teacher-led silent retreats and the meaning of meditation practice in your life and work.
- Write briefly about why you wish to attend this training and how you might incorporate it into your work:

Please print and return this form, along with your deposit to;

Whole Birth Resources
413 Western Dr. #10
Santa Cruz, CA 95060