## **Application for Kriya Hatha Yoga Teachers Training**

Name :			
Address:			
City:		Prov:	Zip or Postal code:
Tel:	Fax:	eMail:	:
How long have	you practiced Hatha Yo	oga? What styles?	
	you practiced Kriya Yo dvanced Training?	ga? Have you taken	the 1 <sup>st</sup> and 2 <sup>nd</sup> Initiations? Have you taken
Are you presen	tly teaching yoga? Are	you teaching Kriya H	Iatha Yoga?
What are you m	nost looking to get out of	f this training? Please	e explain.

What about the Kriya Hatha Training curriculum attracts you the most? Please explain.

Do you have any physical conditions which you consider presently to be a limitation in practicing Kriya Hatha Yoga? Please explain.

Please return to <u>info@babajiskriyayoga.net</u> or by mail to Babaji's Kriya Yoga Ashram, PO Box 90, Eastman, Quebec, Canada, JOE 1P0. If you have any questions please write to <u>durga@babajiskriyayoga.net</u>.