

**SOL Integrative Wellness Thai Yoga Bodywork
Level 1 Beginners Intensive Application**

Personal Information

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ E-Mail: _____

Phone Numbers: Home: _____ Cell: _____

Emergency contact: _____ Phone: _____

Yoga/Meditation Practice

1. Do you have a consistent yoga practice? Yes No

1a. If yes how many times per week and for how long do you practice?

2. Do you have a formal meditation practice? Yes No

2a. If yes how many times per week and for how long do you practice?

3. What other ways do you take care of yourself? (ex. Hobbies, exercise etc)

Work History

1. Are you a Yoga Instructor or bodyworker? Yes No

1a. If you are a Yoga instructor how many classes a week are you teaching? _____

2. If you are a bodyworker what type do you perform and how many a week?

Thai Yoga Bodywork (TYB)

1. How did you learn about TYB?

2. Have you ever received TYB? Yes No

2a. If yes how often? _____

3. Do you receive any other forms of bodywork regularly? Yes No

3a. If yes how often? _____

4. How did you get interested in TYB?

5. Describe your personal and/or professional reasons for applying for this TYB Level 1 training?

6. How will you incorporate what you learn in this intensive in your personal and professional life?

Health History

1. Do you have any health issues that may impact your ability to perform TYB?

2. Any allergies to incense? Yes No

Signature _____

Date: _____