



# 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