



Full Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____ Phone: _____

The pre-requisite for this Immersion is at least one year of yoga practice.

How long have you been practicing yoga? _____

What style(s) of yoga have you practiced? _____

Please list your yoga teachers :

Do you currently have a daily meditation practice? _____

Are you currently a yoga teacher? _____

This Immersion is a pre-requisite to Fusion Teacher Training. Do you have interest in continuing into Part 2 of the Teacher Training program? _____

Why do you practice yoga?

Why are you applying for this Immersion?

How did you hear about our Immersion Program? _____

