

**APPLICATION FOR VISTA YOGA**  
**MENTORING PROGRAM**

*Return completed application to [info@vistayoga.com](mailto:info@vistayoga.com)*

Name:

Gender:

Date of Birth:

Address:

City, State, Zip

Telephone Numbers: Home Phone

Cell Phone

Email Address:

Profession:

Emergency contact name and phone:

1. Please give a brief description of your formal education (yoga and otherwise).
2. How long have you practiced yoga? How often do you practice?
4. What tradition(s) have you been trained in? Who have been your primary teachers?
5. How did you hear about Vista Yoga?
6. Describe your experience with hands-on assists (feeling them in your body and offering them)
7. Are you teaching yoga now, do you plan to? Describe your experience teaching yoga.
8. Have you studied anatomy before? In what context?
9. Do you have any physical limitations, health related issues or injuries that may impact your study and practice?
10. What would you like to accomplish from your participation in this program?
11. List your top two choices for your mentor and why you would like to work with them.
12. Please add any additional information you regard as relevant to your study of yoga:

Signature:

Date: