

CircusYoga Teachers Gathering Registration

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

What are your hopes and intentions for the Teachers Gathering? _____

What topics/skills would you like included? _____

Do you have a workshop/activity/skill that you would like to offer? Please describe. _____

Is there a roundtable discussion you'd like to facilitate? _____

continue on other side, if needed

For questions about the Teacher Gathering, contact:

Erin Maile O'Keefe (212) 712-9644 erin@circusyoga.com www.CircusYoga.com