

# CircusYoga Level 3 Teacher Training Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

How has CircusYoga influenced your teaching so far? \_\_\_\_\_

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Overview of your current teaching \_\_\_\_\_

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Communities served \_\_\_\_\_

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Intention for this training/mentorship \_\_\_\_\_

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*continue on other side, if needed*

Proposed date for completion of Level 3 training \_\_\_\_\_

For questions about the training, contact:

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