



## **Color Me Yoga Advanced Workshop Information Form**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Date of Color Me Yoga Instructor(formerly Level I ) Training**

**Yoga Teaching Experience Since Then**

**Special Interests in Children's Yoga**

**What has prompted you to take Color Me Yoga Advanced Workshop?**

**What would you like to personally gain from this workshop?**

**Any health issues , injuries, surgeries I should be aware of?**

**Medications ?**

**Are you Pregnant?**

**Would you be interested in Becoming a Color Me Yoga Teacher Trainer?**

**Overnight Guests. Would you like to share a room with another student? Check here**

**Payment options: Check, Money Order or Credit Card.**

**Please send checks made out to:**

**Color Me Yoga**

**PO Box 418**

**Wenham, MA 10984**

