



INTERNATIONAL SIVANANDA YOGA VEDANTA CENTRES

HEADQUARTERS: 673 Eighth Avenue, Val Morin, Quebec, JOT 2R0 Canada
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ADVANCED TEACHERS' TRAINING COURSE APPLICATION

Course Location _____ Course Date _____

Preferred Language for the Course (Please check one)

English French German Hebrew Italian Spanish

Photo

Name _____ Age _____ Sex (M/F) _____

Nom et prénom – Vor und Zurname – Apellidos & Nombre Alter - Edad

Address _____ E-mail _____

Rue & No. – Strasse u. Nr. - Calle

City/Prov/State _____ Country _____ Zip Code _____

Ville – Stadt – Ciudad

Pays – Land – Pais

Code Postal - PLZ

Home Telephone _____ Work Telephone _____

Privé – Privat – Casas

Travail – Arbeit – Trabajo

Occupation _____

Occupation – Beschneftigung - Ocupacion

Education & Skills _____

Éducation & Aptitudes – Ausbildung & Fachigkeiten – Educacion & Capacidades

Illnesses _____ Prescribed Medications _____

Maladies – Krankheiten – Enfermedades

Médicaments – Medikamente – Medicamentos

Contact in Case of an Emergency _____

Contacte en cas d'urgence – Kontaktadresse fuer Notfaelle – Contacto de Emergencia

Address _____ E-mail _____

Rue & No./Ville/Pays/Code Postal – Strasse u. Nr./Stadt/Land/PLZ – Calle/Ciudad/Pais

Telephone _____ Relationship _____

Relation – Beziehungen – Relacion

Length of time practicing yoga _____

Depuis combien de temps pratiquez-vous le Yoga? – Yogapraxis seit – Desde cuando esta ud practicando yoga

Are you a member of a Sivananda Yoga Center? Which? _____

Membre d'un centre Sivananda? Lequel? – Mitglied Sivananda Zentrum, wo? – Este ud Miembro del Centro Sivananda, el cual?

Reasons for wanting to attend course _____

Raisons pour vouloir prendre le cours – Warum moechten Sie den kurs nehmen – Rezones para tomar el curso

Where did you do TTC? _____ What year did you do TTC? _____ TTC Diploma# _____

Accommodation Request (please check one): Tent Dorm (For India only) Kailas Hut

