

PRANASSAGE PRACTITIONER TRAINING

Name: _____

Mailing Address: _____

Telephone: _____ E-Mail Address: _____

Emergency Contact: _____

Date of Birth: _____

Describe your Yoga Experience: _____

What are your intentions for participating in this training program? _____

Are there any health or physical limitation that would prevent you from fully participating in this training? If so, please explain. _____

How did you hear about this training? _____

To complete your registration email this form to Pranassage@EvolveYogaWellness.com and make your \$500 deposit either online via your Evolve account or in person at the studio. If you prefer you can mail your registration form and deposit to:

Evolve Yoga + Wellness
45765 Red Oak Rd.
Lexington Park, MD 20653

** Training refund requests must be received no later than 2 weeks prior to the training start date and will be refunded less a \$250 processing fee.*

*** For financial aid questions please contact Ann.*