

CircusYoga Teacher Training Registration

CYTT Level _____ Location _____ Dates _____

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

E-mail _____ Web site _____

How did you learn about this training? _____

Current practices & years of study (Yoga, Circus, Martial Arts, Meditation, etc.)

Your influential teachers _____

Current occupation/teaching _____

How would you like to expand your teaching/practice? What are your particular interests in this training? _____

continue on other side, if needed

For questions about the training, contact:

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