

ayurveda & yoga wellness center
KANYAKUMARI

APPLICATION FOR ADMISSION

\$100 application fee due with application; \$200 deposit due upon acceptance

Certified Ayurveda Program Yoga Teacher Training Program

PERSONAL INFORMATION

Name (Last) _____ (First) _____ (MI) _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone (day) _____ (eve) _____ cell _____
Birthdate _____ Email address _____
U.S. Citizen/Permanent Resident ____ Yes ____ No If no, please complete the next line:
Country of Citizenship _____ Visa Type _____ Issue Date _____
Current Occupation: _____ Employer _____
Emergency Contact : Name _____
Telephone (day) _____ (eve) _____
Where did you hear about Kanyakumari? _____

EDUCATIONAL INFORMATION

Do you have a high school diploma or equivalency? ____ Yes ____ No
Regardless of whether you earned a degree, please list all post-secondary schools which you have attended.

Name/Address Degree Dates Attended

Please list additional professional training you have received.

Name/Address Type of Training Dates Attended

Please describe your Ayurvedic/Yogic practices.

Do you teach yoga now, or have you in the past?

Describe your physical health, including illnesses, surgeries, physical condition and whether you have physician clearance to attend this program.

Please include any other interesting information you wish to share with us.

What are your expectations for the training? What do you hope to gain, learn or improve?

I affirm that the information I have provided is accurate to the best of my knowledge.

Signature _____ Date _____

Print this application and mail it with a \$100 non-refundable application fee to:
Kanyakumari Ayurveda & Yoga Wellness Center
6789 N Green Bay Avenue, Glendale WI 53209
(414) 755.2858 info@kanyakumari.us