**Ekah Yoga**

**Workshop Application**

**Please complete this form and return to the studio manager or Crystal Olry 2 months prior to your desired date. Thank you!**

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| Name | Date submitted |
| Desired **date** of workshop | Desired **time** of workshop |
| Workshop description | |
| Title of Workshop | Price for clients |
| Learning objectives | Worksheet, handout or take home item for further learning (list here or attach to form) |
| Will you be collaborating another instructor? | If yes, with who? |
| Agreed to a 60/40 split? | Special requests |
| Signature | Date |