



LivFree® Unlock Your Chakras Registration

First Name _____ Last Name _____

Email _____ Cell: _____

What interests you the most about this module?

Your Goals:

What is your goal for this training?

Your Yoga:

Are you a certified Yoga Teacher?

What level of certification are you?

Are you registered with Yoga Alliance?

How long have you been practicing yoga? How often do you practice?

What makes a yoga class stand out as special to you?

Do you have any physical injuries that we should know about?

Is there anything else you want us to know?