



International University of Yoga and Ayurveda

Application for Enrollment

2019 – 2020 Ayurvedic Lifestyle Consultant Certification

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|--|--------------------|---------------------------------------|---------------------------|
| Name: | | Address: | |
| Home Phone: | Cell Phone: | Work phone: | |
| Email: | | | |
| Date of Birth: | | Gender: | Male Female |
| Occupation: | | | |
| What is the best way to contact you? | | | |
| How did you hear about this certification? | | | |
| Your health status: | | | |
| Have you completed any 200 Hour Yoga Alliance Approved Yoga Teacher Training Certification? | | | |
| What do you hope to gain from this certification? | | | |
| Do you have any knowledge of Ayurveda? | | | |
| Emergency contact: | | Contact's relationship to you: | |