Teacher Recommendation Form

Applicant Information:

Name:

Email:

Phone Number:

Recommending Teacher Info:

Name:

Email:

Qualifications:

1.) How long has the applicant been studying with you?

2.) Does the applicant practice inversions?

3.) Can the applicant hold basic poses without tiring?

4.) Each day of training will include a full spectrum asana practice that will be 2 hours long. Do you feel the applicant will be comfortable with this?

5.) Do you recommend the applicant for this training program?

6.) Can you briefly explain why?

Signature Date

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