

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

