

**Sri Sri Yoga TTC 10-Days Special Format**  
**Application Form B**

Please affix  
recent  
photograph.  
(Compulsory)

Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M\_\_ F \_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

➤ How is your health and fitness level:    poor    average    good    very good

➤ I am taking the following medication: \_\_\_\_\_

➤ When did you do your first AOL Part 1 course: Month and Year: \_\_\_\_\_

➤ When did you do your first AOL Part 2 Course? \_\_\_\_\_

➤ When did you do DSN Course? \_\_\_\_\_

➤ Have you already attended SSY TTC? If so when \_\_\_\_\_

➤ Are you SSY teacher? \_\_\_\_\_

➤ Are you AOL teacher? \_\_\_\_\_

➤ Have you listened to Gururji's talks on Patanjali Yoga Sutras, Ashtavakra Geeta and Bhakti Sutras

➤ Describe your daily spiritual practice:

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➤ Have you taken any yoga training so far? Yes \_\_\_\_\_ No \_\_\_\_\_

➤ If Yes, Where and how long? \_\_\_\_\_

➤ Do you practice yoga postures, for how long and how many times a week?

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➤ Why do you want to become a Sri Sri Yoga teacher?

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➤ Name and the phone number of the teacher recommending you: \_\_\_\_\_

You must get a Sri Sri Yoga or Part 1 teacher to recommend you for SSYTTC Phase 1. The recommendation should be emailed directly to [info@artofliving.de](mailto:info@artofliving.de) or faxed – 0049780497390 or posted to: AOL European Center Center , Bad Antogast 1, 77728 Oppenau, Germany

Signature: \_\_\_\_\_ Date: \_\_\_\_\_