



# Chrysalis Yoga Mentorship Application Form

## Your Information

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

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth (YY/MM/DD): \_\_\_\_\_

## Answer the Following Questions

What are your fears or challenges in teaching yoga?

What do you hope to achieve by taking the Mentorship Program?  
(Why do you want to take the Mentorship Program? List 1-3 goals).

You will be assigned to 1 mentor for the duration of your 3 months in the program. Please list 2-3 teachers (in order of preference) from the list of mentors in the information package and we will pair you up with your mentor (this is dependent on the availability of the teachers).



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## Answer the Following Questions

Do you have any physical injuries or medical conditions? If yes, please describe.

How did you hear about this Mentorship Program?

I have received my 200 Hour YTT certificate and want to develop my skills.  
(Please attach a copy).

I have not received my certificate and am taking the mentoring program to develop my skills to hopefully be ready to teach and receive my certificate.

**I commit to this life changing experience.**

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clear Form

Print Form