

**SOL Integrative Wellness Thai Yoga Bodywork  
Level 1 Immersion Application**

**Personal Information**

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

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

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Yoga/Meditation Practice**

1. Do you have a consistent yoga practice? Yes  No

1a. If yes how many times per week and for how long do you practice?

\_\_\_\_\_  
\_\_\_\_\_

2. Do you have a formal meditation practice? Yes  No

2a. If yes how many times per week and for how long do you practice?

\_\_\_\_\_  
\_\_\_\_\_

3. What other ways do you take care of yourself? (ex. Hobbies, exercise etc)

\_\_\_\_\_  
\_\_\_\_\_

**Work History**

1. Are you a Yoga Instructor or bodyworker? Yes  No

1a. If you are a Yoga instructor how many classes a week are you teaching? \_\_\_\_\_

2. If you are a bodyworker what type do you perform and how many a week?

\_\_\_\_\_  
\_\_\_\_\_

**Thai Yoga Bodywork (TYB)**

1. How did you learn about TYB?

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever received TYB? Yes  No

2a. If yes how often? \_\_\_\_\_

3. Do you receive any other forms of bodywork regularly? Yes  No

3a. If yes how often? \_\_\_\_\_

4. How did you get interested in TYB?

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5. Describe your personal and/or professional reasons for applying for this TYB Level 1 training?

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6. How will you incorporate what you learn in this intensive in your personal and professional life?

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**Health History**

1. Do you have any health issues that may impact your ability to perform TYB?

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2. Any allergies to incense? Yes  No

3. Are you pregnant? Yes  No

By signing this application I acknowledge that I have reviewed and accept SOL Integrative Wellness's ***Enrollment Agreement*** and ***Refund Policy***.

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_