

**APPLYING TO:**

\_\_\_\_\_ MODULE 1

\_\_\_\_\_ MODULE 2  
(Prerequisite Module 1)

\_\_\_\_\_ MODULE 3  
(Prerequisite Module 2)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

**BACKGROUND:**

Please describe other training - ie., yoga, pilates, aerobics, personal training, other (please describe).

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Are you currently teaching? Describe types of classes being taught.

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Do you have running experience? Yes - Please describe. No - please describe complementary background.

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What geographic area do you plan to market Christine Felstead's Yoga for Runners™ workshop?

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Mail completed registration form and \$100 deposit, cheque payable to Christine Felstead, to:

Christine Felstead  
6 Archgate Lane  
Toronto, Ontario  
M6E 5B1