



THE FLOATING LOTUS
Yoga Studio and Day Spa

Personal Information

Full Name: _____
First *M.I.* *Last*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____ Birthdate: _____

Emergency Contact Information

Name: _____

Primary Phone: _____ Alternate Phone: _____

Questionnaire

Three adjectives others might use to describe me are...

What are you most proud of?

What do you enjoy doing in your free time?

Questionnaire Continued...

What is your favorite thing about Yoga? Why?

What do you find most challenging about Yoga? Why?

Why did you enroll in this training?

What do you plan to do after you complete this training?
