



**FLOAT® AERIAL YOGA TEACHER TRAINING APPLICATION:**

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

**DATE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE/PROVENCE/ REGION** \_\_\_\_\_

**ZIP/POSTAL CODE:** \_\_\_\_\_

**CELL:** \_\_\_\_\_

**CURRENT FITNESS/BODYWORK CERTIFICATIONS:**

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\_\_\_\_\_

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**DO YOU HAVE ANY AERIAL EXPERIENCE? (it is not mandatory that you have experience in aerials.)**  
**IF SO, TELL US ABOUT IT:**

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**DO YOU HAVE YOGA EXPERIENCE? TELL US ABOUT IT:** \_\_\_\_\_

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**TELL US A BIT ABOUT YOURSELF (hobbies, practices, and why aerial yoga interests you.) :**

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**WHAT ARE SOME THINGS YOU FEEL MOST PASSIONATE ABOUT IN YOUR LIFE?**

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**Please send application to:**

**Fran Sperling**

**[info@skybodysystem.com](mailto:info@skybodysystem.com)**

**Subject line: Float® Aerial Yoga TT Course**

**Questions: Call 917-923-8744**