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ENERGY EXCHANGE PROGRAM

YOU MUST COMMIT TO THE SAME TIME AND DAY EVERY WEEK FOR 6 MONTHS
WE WILL GIVE YOU UNLIMITED YOGA CLASSES FOR 4 HOURS OF YOUR TIME AND ENERGY PER
WEEK.

DATE: _____ NAME: _____
PRIMARY PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

AVAILABILITY:

PLEASE CIRCLE ALL THE TIMES THAT YOU ARE AVAILABLE TO WORK

MON: AM/PM TUES: AM/PM WED: AM/PM THURS: AM/PM
FRI: AM/PM SAT: AM/PM SUN: AM/PM

PERSONAL INFORMATION

DO YOU CURRENTLY PRACTICE YOGA REGULARLY?

HOW DID YOU HEAR ABOUT THE ENERGY EXCHANGE PROGRAM?

IS THERE ANYTHING THAT YOU THINK MAY INTERFERE WITH YOU COMPLETING YOUR ENERGY
EXCHANGE POSITION?

ARE YOU CURRENTLY IN SCHOOL ? IF YES F/T P/T _____

ARE YOU PRESENTLY EMPLOYED? IF YES F/T P/T _____

WHY DO YOU WANT TO BE A PART OF THE ENERGY EXCHANGE PROGRAM AT MODO YOGA
AURORA?
