

Mind Body Barre® Teacher Training Application

BASIC INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email Address: _____
Emergency Contact: _____
Emergency Contact Phone: _____
Date of Birth: _____

How did you hear about our certification program?

List all injuries, past and present and describe your physical health (major illnesses, surgeries, physical conditions)

This program requires a 40 hour dedicated time commitment. Do you have any other major commitments (school, more than one job, or other?) that would prevent you from participating fully?

Have you taken a Mind Body Barre® method class at one of our studios?

Why do you want to take the Mind Body Barre TT program? What are your expectations for the training? What do you hope to gain, learn, or improve?

Why do you practice Mind Body Barre, and (if your plan is to teach,) why do you want to teach it?

List any relevant fitness education, trainings or workshops you may have taken:

Please answer the following questions (be sure to attach separately):

What does living a life of wishes fulfilled mean to you?

Do you currently or how do you plan to find solitude in your daily life?

Tell us about a time when you felt the most creative and joyous expression of yourself.

Tell us about a time you had to overcome a fear or disappointment in your life and how you dealt with it.

Any other additional concerns or questions:

Please scan and email this application to mbbtrainingschool@mindbodybarre.com

You may also drop off or mail the application to:

**Mind Body Barre
106 Main Street
Easton, MA 02356**