



APPLICATION FOR PRIVATE YOGA SESSIONS

Please answer and submit these questions to getwell@littlelotuswellness.com to let us know why you would like to have private yoga class sessions.

Name: _____ Phone Number: _____ Birthdate: _____

1. Why do you want to have private sessions as opposed to group yoga classes?

2. What is your prior activity level or exercise experience? What do you do currently?

3. What is your goal at the end of our time together?

4. Do you have any physical limitations/disabilities that may affect your practice?

5. Are there any styles of yoga, philosophy or other areas of the practice you'd like to incorporate?

6. Any additional comments?

We look forward to speaking with you more about your yoga practice needs. Any further questions or requests please call (586) 344-6587.

*Little Lotus Wellness Studio
195 W. Nine Mile Road Suite 211
Ferndale, MI 48220
www.littlelotuswellness.com*