

**OPEN SPACE YOGA
NEW STUDENT QUESTIONNAIRE**

To help us serve you better, will you kindly fill in the following information:

DATE: _____ MALE FEMALE

NAME (please print): _____ AGE: _____

ADDRESS _____

EMAIL: _____

PHONE NUMBER: (home) _____ (cell) _____

Is this your first experience with yoga? Yes No

If not, where and when did you study? _____

How or where did you hear about this studio/class? _____

What do you want to achieve by taking these classes?

- Improve Health
- Reduce Stress
- Increase Flexibility
- Develop Inner Awareness
- Gain Peace of Mind
- Learn to Relax
- Increase Energy
- Doctor/Chiropractor Recommended It
- Other (please describe) _____

Please list any specific questions or areas of interest: