

PLEASE RETURN ASAP!!! Past deadline.
Yoga Association of AB, 11759 Groat Rd, Edm., AB T5M 3K6
(780) 427-8776; FAX (780) 422-2663; yaa@yoga.ca

RE: Teacher Directory

To be listed in the YAA *Yoga Bridge* Directory or on the website, scan and e-mail, Fax or mail this SIGNED form to the YAA office. **FAILURE TO SUBMIT SIGNED FORM MEANS WE CANNOT INCLUDE YOUR LISTING DUE TO PRIVACY POLICY.**

Each spring we publish the YAA Yoga Teacher Directory in *Yoga Bridge* as a complimentary service to teachers who are YAA members. *Yoga Bridge* editors reserve the right to edit your description to fit space limitations. **Current Full or Lifetime YAA membership is mandatory.**

Listing Information: 1. Name:	2. E-mail:
3. City where you teach:	4. Contact phone number:
5. Certification/Training; Key words describing your teaching style: (limited to 100 characters including punctuation and spaces).	
6. Additional City or Town Teaching Locations:	
7. Part of the City you teach in: East West Central North South All	
8. Your website (if applicable):	

Please answer the following questions which will be used to compile a database in support of Grant Applications. We greatly appreciate your help in this.

8. Did you give NEW yoga related presentations, classes, events that target the following groups:
Name of Group(s) if applicable # of Participants

Persons with a Disability	Yes/No
Aboriginal Persons	Yes/No
Girls/Women only	Yes/No
Economically Disadvantaged	Yes/No
New Canadians	Yes/No

9. How many classes do you teach every week? _____
How many sessions of classes do you teach every year? _____
On average, how many students do you teach per class? _____
How many drop-in students do you teach every week? _____

The above information can be used in the YAA *Yoga Bridge* Teacher Directory, on the YAA website and as documentation in support of grant applications. Name, Yoga certification and training and contact information can be given to prospective employers and insurance providers. By signing below I consent to the above information being used as disclosed.

Name: _____ Signature: _____ Date: _____