



**Wellness Pod Application Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Please check which Wellness Pod you're applying for. Only apply for one per season.

- PTSD Yoga for Wellness     Chakra/Endocrine System Re-calibration and Balancing
- Small Steps Toward Big Dreams     Children & Family Optimal Health
- Opening Your Heart: Lifting the Burden of Stress from Your Body and Mind

Please send completed application form to us via fax, email, or US post. You can also drop it off at our office.

Santa Fe Soul Foundation  
2905 Rodeo Park Drive East Bldg 3  
Santa Fe, NM 87505  
fax (505) 986-0194  
sfsfdirector@gmail.com

1. Briefly, how would you describe your current state of health?

Physically:

Mentally:

Emotionally:

Spiritually:

Socially:

2. What prompted you to apply for a Wellness Pod?

3. How important does health and healing figure into your life?

4. What do you hope to accomplish by participating in this Wellness Pod?

5. How did you hear about Santa Fe Soul Foundation's Wellness Pods?

6. The Wellness Pods require participants to attend each class. Do you know of anything that might keep you from attending and participating fully?