



# Studio 34

YOGA • HEALING • ARTS

## Wellness Application

All wellness providers must provide:

1. proof of current license/certification (if applicable).
2. proof of current liability insurance.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Healing Modality: \_\_\_\_\_

Training: \_\_\_\_\_

Years of experience: \_\_\_\_\_

Anticipated days and hours of room use (non-binding):

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe a success story related to your wellness practice:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_