

KENTRO BODY BALANCE TEACHER CERTIFICATION

Application Form

Please Print

Full name _____

Mailing Address _____

City, State, Zip code, Country _____

Telephone: Home (____) _____ - _____ Cellphone (____) _____ - _____

E-mail Address _____

Profession/Occupation _____

Age ____ Date of Birth _____ Place of Birth _____

Education _____

Professional Training _____

Signed & Dated _____

Please **attach** to the application:

- A current photo of yourself
- Your Inspirational Statement (next page)

Inspirational Statement

Spontaneously, informally, write at least a paragraph, focusing on:

~ Why do you wish to join the Kentro Teacher Training Program?

~ What aspects of the Kentro method appeal to you?

Receipt of the Application form and inspirational Statement
will be followed by a telephone interview with Angelika Thusius.

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Please submit the Application form and your inspirational Statement by e-mail to:

[KentroBodyBalance@gmail.com](mailto:KentroBodyBalance@gmail.com)

541-944-1942  
KentroBodyBalance.com