

KRI Level One Certification Requirements

Last/First Name: _____

Spiritual Name: _____

Date: _____ City: _____ State: _____

20 Kundalini Yoga Classes

Please have your KRI certified instructor sign one line upon completion of each Kundalini Yoga class.

- 1- Date Completed: _____ Signed: _____
 - 2- Date Completed: _____ Signed: _____
 - 3- Date Completed: _____ Signed: _____
 - 4- Date Completed: _____ Signed: _____
 - 5- Date Completed: _____ Signed: _____
 - 6- Date Completed: _____ Signed: _____
 - 7- Date Completed: _____ Signed: _____
 - 8- Date Completed: _____ Signed: _____
 - 9- Date Completed: _____ Signed: _____
 - 10- Date Completed: _____ Signed: _____
 - 11- Date Completed: _____ Signed: _____
 - 12- Date Completed: _____ Signed: _____
 - 13- Date Completed: _____ Signed: _____
 - 14- Date Completed: _____ Signed: _____
 - 15- Date Completed: _____ Signed: _____
 - 16- Date Completed: _____ Signed: _____
 - 17- Date Completed: _____ Signed: _____
 - 18- Date Completed: _____ Signed: _____
 - 19- Date Completed: _____ Signed: _____
 - 20- Date Completed: _____ Signed: _____
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One Day White Tantric Yoga

Date Completed: _____ (Receipt Attached)

Verified by KRI Teacher Trainer: (Please Print)

Name: _____

Signature: _____