



Chesapeake Bay
Alexander Studies

A flexible approach to the Alexander Technique

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North Carolina AT Program TRAINEE APPLICATION

Name: _____ Date: _____

Address: _____

Phone: (home) _____ (cell) _____

Email address: _____

Outline previous Alexander technique experience. Include approximate number of study hours, teacher(s) and format (group or private).

How has AT helped you in your daily life and/or profession?

Why do you want to become an Alexander teacher?

List education, movement training or other life experiences that you feel are relevant.