



Chesapeake Bay  
Alexander Studies

*A flexible approach to the Alexander Technique*

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## TEACHER 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.