



Natural Childbirth Doula Training

Name: _____ Birth date: _____

Address: _____

Phone Numbers: _____

e-mail: _____

Please briefly describe your interest in this training
(feel free to use a separate sheet of paper):

What has been your experience with birth?

What do you hope to gain from this training?

What do you hope to add to this training?

What is Natural Childbirth to you?

What experiences would you like to share with us?

Please send this application and your non-refundable deposit of \$50 (if you are in need of a scholarship, please include a statement explaining why you need a scholarship and how much you can add to the total of \$225) to:

Doula Training, Life Cycles Center, Inc.
289 Summer Street • Buffalo, NY 14222