

Teacher Training Application

Name:

Address:

City/State/Zip

Telephone (Day):

Telephone (Evening)

Email Address

1. How long have you been practicing Yoga?
2. What style do you practice most, where, how often and who are your teachers?
3. Do you have any meditation experience? What type of meditation? How often do you practice?
4. Why do you want to take the training program?
5. What specifically do you want to learn from the training program?
6. How would you utilize a yoga teacher certification?
7. Do you have certifications in other areas? (Fitness, nursing, massage etc.)
8. Which training are you interested in (200 hour Yoga Alliance Training, 45 Hour Level 1 or 30 Hour Yin Training) and how did you hear of the training.

9. Any concerns or comments that you feel would be important for us to know?

10. Do you presently or have you ever taught yoga? (Please make specific comments as to style, certifications, number of classes, number of students, years taught.)

11. Have you taken any Teacher Training in the past? If yes, which one(s)?

12. Have you taken any Yoga or Meditation workshops? If yes, which ones and with who?

13. Do you have any injuries, illnesses, or take any medication? Please explain fully.

14. Have you cleared your participation with a doctor? If not, please do.