

200hr Teacher Training Application

First Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____ Date of Birth _____

Emergency Contact _____ Emergency Contact Phone _____

1. Are you interested in teaching yoga, or for your own self-exploration?
2. Describe your experience with yoga. How long have you practiced, what style do you usually practice?
3. Describe your current yoga practice. Is it daily? Do you attend classes regularly? Do you have a home practice? Of what does your practice consist?
4. Describe any injuries, disabilities or illnesses of which we should be aware. How are you addressing these? (These will not prevent your acceptance into this program.)
5. Briefly describe any other healing modality practices with which you are involved (reiki, healing touch, massage, etc.)
6. Do you practice pranayama and/or meditation?
7. Are you currently teaching yoga or another discipline and for how long?

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