

peaceful living

SCHOOL OF YOGA

Yoga Teacher Training Application

NAME: _____ DATE: _____
ADDRESS: _____ CITY: _____
STATE _____ ZIP: _____ COUNTRY: _____
HOME PHONE: _____ CELL: _____
EMAIL: _____
BIRTH DAY: _____ OCCUPATION: _____

PERSONAL INFORMATION

1. How did you hear about our program?

2. What is the main reason for your interest in this program? Do you intend to teach and/or do you want to deepen your personal practice?

3. What do you hope to learn/accomplish from this training?

4. Have you had any previous formal Yoga Training? _____

5. What is your experience with Yoga? How long have you been practicing, where and with whom?

6. What are the most rewarding and challenging aspects of your practice?

7. Have you experienced any events in your life in the last 2 years that you would regard as stressful, challenging or even traumatic?

8. Do you have any physical concerns that may affect your ability to successfully complete this training? Are you pregnant? Do you have any physical limitations?

9. Please describe any physical injuries that may affect your yoga practice.

10. During yoga training programs we ask that students refrain from intoxicants, stimulants and anything mind-altering including alcohol and any form of recreational drugs. Are you willing to follow this recommendation?

Yes _____ No _____

11. Please write a short bio and list any other pertinent, interesting and/or relevant things you would like to share that would allow us to get to know you better.

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