



Application for 200 Hour Teacher Training

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ D-O-B (optional): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How long have you been practicing yoga? _____

List your primary instructor(s) and the style of yoga you practice: _____

How often do you attend class? _____

Describe your personal home practice, if any, include number of times each week and average amount of time spent per practice. _____

List all physical injuries, limitations and medical conditions. (This has no bearing on your acceptance. This information is used to help your instructors prepare modifications or alternate postures, and is treated with strict confidentiality.) _____

What do you feel yoga has done for you? _____

Why do you want to enroll in this program? _____

Participants are required to attend all eight weekends. Program requirements include reading assignments, practical teaching hours and an additional three-hour workshop outside the teacher certification program. By signing, you are committing to these requirements.

Signature

Date