

200 & 300hr YTT Application

Date: _____ Applying for: _____

Full Name: _____

Name you like to be called: _____

Address: _____

Email: _____

Birth Date: ____ / ____ / ____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

How did you FIRST hear about our YTT program?

Your Yoga Practice:

1. How long have you been practicing yoga and what style?
2. What teachers and/or styles have influenced you?
3. List your previous education and relevant yoga training experiences:
4. Why are you interested in a yoga teacher training? Do you want to teach?
5. What do you feel the role of a yoga teacher is?
6. What makes a good yoga teacher?
7. What do you find challenging about yoga? What do you find easy?
8. How do you integrate yoga into your daily life?
9. What do you wish to achieve from completing this course?
10. Why have you chosen to apply to this training above all others?

Give a brief example of a challenging situation in your life and how you overcame those difficulties?

Your Health:

1. Do you have any physical or emotional health conditions that could affect your participation in the training or that we should be aware of?
2. Have you had any major life-changing event(s) in the last year? If so, please describe briefly.
3. Are you currently taking medication? Which ones? Why?
4. Are you allergic to any foods?

A non-refundable, non-transferable deposit of \$75 USD is due with your application. In the event payment is submitted and the training is full or your registration not accepted, the deposit will be refunded in full. You will receive an information packet upon acceptance to the program.