ADVANCED STUDY AND YOGA TEACHER TRAINING PROGRAM APPLICATION

Please complete the following application. Use additional pages if needed. Fax completed form to (714) 536-8557 or drop off at one of our studios.

Name:_____

Phone:_____ Email:_____

Address:_____

I am enrolling in this program for (please check one below):
___ Yoga Shakti 200 Hr Yoga Alliance Teacher Training Certification.
___ The enhancement of my own personal yoga practice only and am not pursuing a certificate.

1. How long have you been practicing yoga?
2. Describe your yoga practice- practice on own, group classes (who is/are your primary teacher/s), how often, what intensity, etc?

3. What are the challenges in your own yoga practice?

4. What prompted you to practice yoga and why do you do it today?

5. What is your motivation for taking this training?

6. What has inspired you to want to teach yoga?

7. What do you hope to get out of this program?

8. Do you have any injuries or physical conditions?

9. How were you referred to the Yoga Shakti teacher training and advanced studies program (studio, friend, other-please state)?