



## 200 – Hour Yoga Teacher Training Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please respond to the following on a **separate** piece of paper:

1. How many years have you been practicing yoga?
2. How many days per week do you practice yoga?
3. What style of yoga do you usually practice?
4. What is your definition of yoga?
5. Do you have a home practice?
6. What does the term, “yogic living” mean to you?
7. Who have been your primary yoga teachers?
8. Do you practice meditation or pranayama?
9. Is this your first yoga teacher training?
10. Are you currently teaching yoga?  
If yes, please answer the following questions:  
For how many years have you been teaching?  
Where do you teach?  
What style do you teach?
11. What are your current interests, activities, and/or hobbies?
12. Do you have any physical limitations or chronic injuries/illnesses?
13. What are your expectations for this training?
14. Why are you interested in this particular Teacher Training program?

Signature \_\_\_\_\_ Date \_\_\_\_\_

