

# Yoga Teacher Application

Please type or print clearly



<b>Office Use Only</b> Date App Rec'd Actp Ltr Emailed Date Tuition Rec'd Paid Cash / Ck Direct Deposit First day payment
---

## General Information:

Applying for: **200 hr Integrative Yoga Therapy Teacher Training Program**

Name \_\_\_\_\_

E-mail address: \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_     Male     Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (    ) \_\_\_\_ - \_\_\_\_ Work phone (    ) \_\_\_\_ - \_\_\_\_

Cell Phone \_\_\_\_\_

Work address \_\_\_\_\_

Emergency phone numbers (day & night) \_\_\_\_\_ In case of  
emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_

## Educational Background:

(Please state your name on school record, if different) \_\_\_\_\_

Name \_\_\_\_\_ City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Degree High School \_\_\_\_\_

Degree College \_\_\_\_\_





- ✓ Are you currently teaching yoga? If yes for how long have you been teaching? Where do you teach? What styles(s) do you teach?
  
- ✓ What are your expectations for the training? What do you hope to achieve at the completion of the program?
  
- ✓ Up on completion of the program, do you plan to teach? If so What are you most excited about sharing with your community?
  
- ✓ Have you ever been injured from Yoga Practice? If so, please describe in detail.
  
- ✓ Describe some of your other interests and hobbies.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_