



YOGANIZE 200 HOUR TEACHER TRAINING APPLICATION FORM

(All information is confidential. Please use additional pages as needed.)

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ / _____ / _____
(home) (mobile) (work)

EMAIL ADDRESS _____

DATE OF BIRTH _____

Signature

SIGNED on _____ Day of _____ Year _____



The following questions are meant to clarify where you are now.

HOW LONG HAVE YOU PRACTICED YOGA?
(minimum of 12 months required)

WHEN DID YOU FIRST COME TO THE YOGA PRACTICE?

WHO HAS INFLUENCED YOU IN YOUR PRACTICE?

WHAT STYLES OF YOGA HAVE YOU EXPERIENCED?



DO YOU HAVE A REGULAR TEACHER WITH WHOM YOU CURRENTLY PRACTICE/STUDY?

DESCRIBE YOUR CURRENT YOGA PRACTICE.

DO YOU MEDITATE REGULARLY? Provide details.



HOW HAS PRACTICING YOGA AFFECTED YOU AND YOUR RELATIONSHIP TO THE WORLD?

SHARE YOUR EXPERIENCE WITH ANY OTHER MIND-BODY PRACTICES.



DO YOU HAVE TEACHING EXPERIENCE? DO YOU TEACH CURRENTLY? IF YES, WHAT HAS BEEN YOUR EXPERIENCE THUS FAR? IF NO, DO YOU WANT TO TEACH ? WHAT WOULD YOU LIKE TO SHARE AND WITH WHOM?

WHY HAVE YOU CHOSEN THIS TRAINING? WHAT ARE YOUR EXPECTATIONS?



HOW DID YOU HEAR ABOUT THIS TRAINING?

BRIEFLY SHARE ANY PART OF YOUR LIFE HISTORY THAT YOU FEEL MY BE IMPORTANT AS IT RELATES TO PARTICIPATING IN THIS TRAINING.



DO YOU HAVE ANY PHYSICAL OR EMOTIONAL CONDITIONS OR INJURIES THAT COULD AFFECT YOUR PARTICIPATION IN THIS PROGRAM? IF YES, PLEASE DESCRIBE?

In case of emergency, please contact:

Name *phone*

Physician *phone*

Therapist *phone*

Health Insurance Provider *phone*

Please send this application to karen@yoganize.com