

Yogadotcalm 200 Hour Teacher Training 2016/17 Application

Date:

Name:

Address:

Email:

Phone:

Date of Birth:

Present Occupation:

|  |  |
| --- | --- |
| 1 | Please describe your current and past experience with yoga. How long have you been practicing? What style(s) of yoga do you practice? Who are your primary teachers? |
|  | - |
| 2 | Why do you practice yoga? How has it impacted your life? |
|  | - |
| 3 | What aspects of this practice are you most interested in? |
|  | - |
| 4 | What are your intentions and expectations for taking this particular Teacher Training program? |
|  | - |
| 5 | Do you teach yoga currently? If so, why do you teach? If not, why do you want to teach yoga? |
|  | - |
| 6 | What do you think your biggest obstacle will be to overcome when you begin teaching? |
|  | - |
| 7 | Are there any current or past physical or mental conditions that may affect your participation in this program? Please describe. |
|  | - |
| 8 | What are your other interests and hobbies? |
|  | - |
| 9 | Please add any other information that you would like to share. |
|  | - |