



200-Hour Teacher Training Application Form

Commencing January 2017

Personal Information:

Name: _____ Female Male Date of Birth _____

Address: _____

Telephone Numbers: (Home) _____ (Work) _____

(Cell) _____ E-mail Address _____

Emergency Contact Person (Name, #, Relationship) _____

Questionnaire: Complete all questions please (attach additional paper if necessary)

How long have you been practicing yoga? _____

How many times per week do you practice? _____

Do you have a home practice? _____ If yes, How many times per week? _____

Briefly describe your yoga practice, include strengths and weaknesses that you perceive in your practice.

List any previous yoga experiences including, workshops, intensives and teaching programs. Indicate with whom they were done and for how long?

What are your reasons for applying to this teacher training?

What are your expectations for this program?

Do you have any training, other than yoga that would be relevant to this training (i.e. massotherapy, osteopath, etc.)?

Are you currently teaching? (If yes) For how long ?

What tradition / style do you teach?

Do you have any injuries, medical conditions or health concerns?

Please complete this form and e-mail it to:

markdarbyoga@yahoo.ca

Pay deposit on line at

www.sattvayogashala.com/store.html

or

Check made are payable to:

Sattva Yoga Shala