

Application for Teacher Training Program

Name _____ Phone (hm) _____ Phone (bus) _____

Address _____ City _____ Province _____ Postal Code _____

Date of birth _____ Sex : Male / Female Occupation: _____
Month/Day/Year Please Circle

Email _____ How did you hear about us? _____

1. How long have you been practicing yoga? Describe your yoga practice?

2. Who are your main teachers? How long have you studied with them? What styles of yoga have you studied?

3. List any other relevant courses or yoga teacher training programs that you have taken.

