**Teacher Training Program 2019**

**Application Form**

Date of Application:

Name:

Home Address: (include city, state, zip)

Phone:

E-mail Address:

Age:

Current Occupation:

Please answer the following questions honestly. If the question does not pertain to you put N/A (no answer)

1. Please outline your experience with yoga.
2. Have you had any previous yoga training?

1. If you attend regular yoga classes, please designate style or lineage and how often you attend. Have you ever attended classes in the viniyoga tradition?
2. Do you have a personal yoga practice? (that is, a practice designed specifically for you that you do outside of attending classes) If so, please describe briefly.
3. Do you have any health issues or conditions? Please explain and describe if yoga plays a role in your treatment plan or if your condition in any way impacts your ability to practice.
4. What attracts you to this particular teacher training program?
5. What motivated you to pursue yoga teacher training or to advance your training if you are currently teaching?
6. What do you hope to receive from this program?
7. What do you feel are the most important qualities for a yoga teacher to embody? How would you assess your strengths as they relate to becoming/being a yoga teacher?

If there is anything else you feel is important to share prior to registering, please include it here.

Please return this application as soon as possible to:

[sarvayoga@comcast.net](mailto:sarvayoga@comcast.net)

Or deliver to:

Yoga Circle Studio

707 Pine Ave, Snohomish, WA 98290

Thank you very much for your application. We will be in touch with you soon!

Namaste,

Elizabeth and Karen