



Yoga Aims Studio 200-Hour Teacher Training
APPLICATION FORM

Date _____

First Name _____

Last Name _____

Mailing Address _____

Email _____ **Phone** _____

Date of Birth _____

Present Occupation _____

Emergency Contact _____ **Phone** _____

Please answer the following questions:

What is your main purpose for the teacher training?

How many years have you been practicing yoga?

What type of yoga do you currently practice?

Do you have any experience in teaching yoga? Style? Length of time?



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Do you have any medical conditions? Please list if there are any.

Do you take any medications? Please list if there are any.

Please write a 200-word narrative about yourself (fun facts, hobbies, interests, etc.), definition of yoga, and the benefits/positive effects of yoga on your life. Please use extra sheets of paper if necessary.