



## Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ please circle home / work / cell

Email \_\_\_\_\_

## About You

1. How many years have you been practicing yoga? \_\_\_\_\_
2. How many days per week do you practice yoga? \_\_\_\_\_
3. What style of yoga do you usually practice? \_\_\_\_\_
4. At which yoga studios do you currently practice? \_\_\_\_\_
5. Do you have a home practice?    Yes    No
6. Who have been your primary yoga teachers? \_\_\_\_\_
7. Do you practice meditation or pranayama?    Yes    No
8. Is this your first yoga study/teacher training? Yes    No
9. If no, please list prior trainings: \_\_\_\_\_
10. Are you currently teaching yoga?    Yes    No
11. Yes If yes, for how many years have you been teaching? Where do you teach? What style do you teach?

In a short essay, please explain why are you interested in The Yoga Center Teacher Training? What are your expectations for this training? What do you hope to achieve at the completion of the program?

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please email your application to [heather@tycyoga.com](mailto:heather@tycyoga.com) or leave your application at the front desk at one of the studios.**