

Yovana Yoga 200 Hour Teacher Training Application

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____@_____

Emergency Contact: Name _____ Number: _____

How did you hear about this program? _____

Do you have any physical limitations we should know about? If so, please describe: _____

1. How long have you practiced yoga? _____
2. What styles of yoga do you practice? _____
3. How often do you practice? _____
4. Do you primarily practice Solo In a Studio Online
5. What are your goals for a yoga teacher training? A) To deepen my yoga practice B) To teach C) To make a career of teaching yoga.
6. Are you currently teaching yoga? Y/N
 - a. If so, did you do a 200-hour program? Y/N
 - b. If you did a 200-hour program was it with a Registered Yoga School (RYS)? Y/N

Signature: _____ Date: _____

Please email your completed application to yovanayoga@gmail.com