

Maha Shanti School of Yoga Application for the Yoga Teacher Training

Personal Information	
First Name	Last Name
Address	City & State
Country	Date of Birth
Email	Phone Number
Emergency Contact	
Name	Relationship
Email	Phone Number
Physical Concerns and Yoga E	xperience
Please explain any physical concerns or limit	itations that may affect your participation in the training.
Yoga Experience	
Briefly describe your Yoga experience, inclu	ding any styles practiced and the duration of your practice.



Reasons for Taking this Training

Please provide your reasons for pursuing this Yoga Teacher Training. Would love to hear you motivations.
Additional Comments or Information
Feel free to share any additional comments, thoughts, or information that you believe would be helpful for us to know about you as an applicant.