

Strongsville Yoga Teacher Training Application

Name_____

Address, City, State, Zip_____

Date of Birth_____ Email_____

Phone Number_____ Secondary Phone Number_____

Emergency Contact (name and number)_____

How long have you been practicing yoga?_____

How often do you practice yoga?_____

What motivated you to continue practicing yoga?_____

What style(s) do you currently practice? _____

List all locations you currently practice at or have regularly practiced at in the past:_____

List any limitations, including injuries, that may affect your ability to fully participate in the program or teach yoga:_____

List any known dates of the program you will miss:_____

What are your expectations for the teacher training program?_____

Tell us about you- family, work, hobbies, etc:_____

I have read and understand the program requirements, attendance policy, and refund policy. The information provided is correct to my knowledge.

print name

signature

date