



## APPLICATION FOR TEACHER TRAINING

Name \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

1. How long have you been studying yoga? \_\_\_\_\_

2. What styles of yoga have you studied? \_\_\_\_\_

\_\_\_\_\_

3. Describe your current yoga practice including style, frequency, and length of practice.

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4. Describe your meditation practice.

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5. Describe any previous yoga teacher training experience.

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6. Describe any injuries, illnesses, limitations we need to know about.

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7. How has yoga affected your life?

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8. Reasons for taking Teacher Training Course

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*Thank you for applying for Teacher Training. Upon receipt of your completed application, we'll be in touch to schedule a convenient interview in-person, or by phone.*



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**Awaken Yoga Teacher Training**

Enclosed is a \$350, non refundable deposit. Payment in full must be made according to deadlines specified on the website at [www.awakenyogaandmeditationcenter.com](http://www.awakenyogaandmeditationcenter.com) > training.

**Refund/Cancellation Policy:** Upon cancelling 10 days prior to the first day of training, a full refund less the \$350 deposit will be issued. No refunds are given once the program starts.

I \_\_\_\_\_ hereby commit to participate in and complete the Awaken Yoga Teachers Training program. I understand that certification is granted upon successful comprehension and mastery of the principles and practices of yoga.

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Signature

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Date

*Please send your completed application to [omshantaram@yahoo.com](mailto:omshantaram@yahoo.com). Thank you.*