



200-Hour Hot 26&2 Yoga Alliance Teacher Training Application

Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Telephone: _____

Birth Date ____/____/____

When did you take your first yoga class?

What is your goal for our Teacher Training program? Why do you want to participate in a Yoga TT?

How long have you been practicing Yoga? What types of Yoga have you studied?

Which studios do you currently practice at?

How many times per week do you take classes in a studio setting? What types of classes are you taking?

Do you have a home practice and/or meditation practice? If so, what does your home practice typically consist of and how often do you practice on your own?

Have you ever taught a yoga class or meditation class to anyone or a group of people?

What do you see for your goals following the Teacher Training Program?

