



yoga angelsTM
INTERNATIONAL

www.yogaangels.com info@yogaangels.com

Yoga Angels Teachers Training Application Form

Dear Aspiring teachers:

In order for our team to better understand the aspiring teachers who will be joining us for any of our trainings. We would be grateful if you could complete this questionnaire and return it to us as soon as possible. We can then tailor the training for your needs and objectives. Thank you.

Name:

First _____ Last _____ Ad _____

dress: _____

City: _____ State: _____

Zip Code: _____

E-mail Address: _____

Telephone: _____

Emergency Contact: Name & Tel. #: _____

Which YA Training are you Applying for

Training Date: _____

Location: _____

Do You want to get a Certification or just attend the course: _____

1. Write a brief but complete description of your Yoga experience, including the style(s) that you have practiced in the past, with who you have studied and when.

2. Are you currently attending Yoga classes? If yes, tell where, with whom, how often, and what style(s) of

Yoga.

3.

Describe your personal Yoga practice. How often, how long, and what style(s) of Yoga do you currently practice?

4. Are you working with any particular challenges, injuries, etc.? If so, what are they and how are you addressing them?

5.

What do you want to gain from this program? If you have specific wishes or areas of interest that you would like to explore, please explain. Please be specific.

6. Did you

consider any other teacher training programs? Why did you pick this one?
How did you hear about our program?

7. Do you want to teach Yoga? Why or why not?

8. Do you

have any additional comments or questions?
