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APPLICATION FOR TEACHER TRAINING PROGRAM

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cellular): \_\_\_\_\_

## PERSONAL INFORMATION

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Gender (*circle*): M F

Marital Status:

Age:

Describe your current state of physical health and/or fitness:

Describe your current state of mental health:

What do you see as your biggest challenges in life right now?

## YOGA EXPERIENCE

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How long have you been practicing yoga?

What style(s) of yoga do you currently practice?

Do you currently have a regular teacher? If yes, how often do you practice under this teacher's guidance?

Have you attended any previous trainings or intensives? If so, with whom and where?

Do you have teaching experience? Describe any training or education that may be relevant to this experience.

How would you describe your current personal practice?

On a separate sheet of paper, please write a brief (300 words or less) explanation of your intention for this training.



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VIRABHAAVA  
YOGA

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