

Three Queens Yoga

The Teacher Training Application | return to erick@threequeensyoga.com

Name:

Address:

Phone:

Email:

1. How long have you been practicing yoga? What brought you to yoga?
2. What styles of yoga have you practiced and with whom?
3. How often are you practicing yoga?
4. Do you practice headstand? Handstand? Urdhva dhanurasana (full wheel?)
5. What poses are the most challenging for you?
6. Do you have any injuries or medical conditions?
7. Are you currently taking any medication?
8. Have you attended any other teacher training courses? If so, when and with whom?
9. Are you currently teaching? If so, where and how often?
10. What do you hope to gain from this training?