



Teacher Training Application Form

CONTACT INFORMATION

FIRST NAME	
STREET ADDRESS:	CITY:
POSTAL CODE:	
TELEPHONE:	MOBILE:
E-MAIL ADDRESS:	
DATE OF BIRTH:	

EMERGENCY CONTACT INFORMATION

NAME:	
RELATIONSHIP:	
TELEPHONE:	MOBILE:

Please take the time to answer the following questions. These questions are designed to help us get to know you better and understand your yoga journey and your decision to enroll into this teacher training.

1. How long have you been practicing yoga?

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2. What is the primary style of yoga that you practice?

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3. Please tell us about your yoga journey and why you would like to pursue this training.

4. Can you tell us something unique about yourself?

5. Who has influenced your journey as a student and are there any teachers that inspire you.

6. Describe an area(s) of the training that interest you the most?

7. What do you know about Anusara™ Yoga?

8. Have you experienced any injuries during the last year of practice?

9. Do you foresee any obstacles that will impede you to fully commit and participate in this training?