

Evolve Yoga + Wellness Yoga Teacher Training 2018-2019

Name: _____

Mailing Address:

Telephone – Home: _____ Cell: _____

Email: _____

Emergency Contact and Phone: _____

Date of Birth: _____

How long have you been practicing yoga (asana, pranayama, meditation)?

How long have you been practicing with a yoga teacher or do you have a homepractice?

Do you study a particular style of yoga? If so, which style do you practice?

How often do you practice?

What is your biggest challenge in your yoga practice?

Do you have any body or mind health issues, obstacles or special considerations that may impact your ability to fully participate in this training program? Please describe.

Why are you interested in participating in the Evolve Yoga + Wellness 200hr Teacher Training Program?

Do you have an interest in teaching yoga?

Describe what yoga means to you.
