



12512 RAWHIDE DRIVE  
TAMPA FL 33626  
813.343.8887

## 200-Hour Yoga Alliance Teacher Training Application

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

When did you take your first yoga class? \_\_\_\_\_  
\_\_\_\_\_

What is your goal for our Teacher Training program? Why do you want to participate in a Yoga Teacher Training?

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How long have you been practicing Yoga? What types of Yoga have you studied?

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Which studios do you currently practice at?

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How many times per week do you take classes in a studio setting? What types of classes are you taking?

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Do you have a home practice and/or meditation practice? If so, what does your home practice typically consist of and how often do you practice on your own?

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Have you ever taught a yoga class or meditation class to anyone or a group of people?

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What do you see for your goals following the Teacher Training Program?

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