



# The Yoga Sanctuary's 200 Hour Teacher Training Program Application

CHANGE YOUR LIFE AND THE LIVES OF THOSE AROUND YOU

Application can be downloaded and completed digitally or printed and completed manually.

Once fully complete, return to Program Director, Jennifer French by

(1) email: [jennifer@theyogasanctuary.biz](mailto:jennifer@theyogasanctuary.biz)

(2) mail: The Yoga Sanctuary attn: Yoga Teacher Training, 112 Sullivan Street, Punta Gorda FL 33950

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\$100 non-refundable application fee may be paid by:

(1) cash: at studio

(2) check: mailed with application

(3) credit card: [HERE](#)

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

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

**City, State, Zip code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

**Emergency contact (name, phone, relationship):** \_\_\_\_\_

\_\_\_\_\_

## Medical History

*Please note that your answers wo;; not exclude you from being accepted into the program.*

**Describe any past or current injuries, surgeries, or major illnesses.**

**Are you active in other areas of your life? List any fitness/health related training or background that you may have.**



# TEACHER TRAINING APPLICATION

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## Yoga Experience

How long have you been practicing Yoga? \_\_\_\_\_

How many days per week do you practice Yoga? \_\_\_\_\_

Which style(s) do you usually practice? \_\_\_\_\_

Where do you usually practice yoga? \_\_\_\_\_

Do you have a home yoga practice? Yes  No

If yes, for how long and how often? \_\_\_\_\_

Do you have a meditation and/or pranayama practice? Yes  No

If yes, briefly describe length and method of practice.

## Yoga Teaching Experience

Are you currently teaching yoga? Yes  No

If yes:

For how long? \_\_\_\_\_

What tradition/style? \_\_\_\_\_

How many classes per week? \_\_\_\_\_

Where do you teach? \_\_\_\_\_

If no:

Have you taught yoga in the past? \_\_\_\_\_

When and for how long? \_\_\_\_\_



# TEACHER TRAINING APPLICATION

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## Yoga Teacher Training

Have you participated in any previous yoga teacher training courses or intensives?

Yes  No  If yes, please describe with whom, for how long, and when:

Do you have experience teaching in any subject ?

Yes  No

If yes, please describe:

How did you learn about The Yoga Sanctuary's program?

newspaper/magazine

website

studio

yoga alliance

friend

other \_\_\_\_\_

## About You & Yoga

Why do you practice yoga? What does yoga mean to you?

How as your involvement in yoga changed and developed over time?



# TEACHER TRAINING APPLICATION

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## About You & Yoga Continued...

**What are your expectations for this training? What do you hope to accomplish at the end of the training? Do you wish to teach yoga or is your primary aim to deepen your practice and knowledge?**

**In your opinion, what qualities does a good yoga teacher embody?**

**What area of yoga challenges you the most?**

**Is there anything else you would like us to know about you?**