

## APPLICATION FOR YOGA TEACHER TRAINING WINTER 2012

Course start date: February 6, 2012

Please fill out the following form and submit with a \$500 non-refundable deposit (your deposit is accepted only if your application is accepted). Payment can be made by cheque, cash or money order. If you are paying by credit card, please contact us at 416.599.8852.

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

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

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: (m/d/yy) \_\_\_\_\_

### Emergency Contact:

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

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

### Quick Questionnaire:

1. What made you want to try yoga in the first place? What was the initial experience like? \_\_\_\_\_

2. How long you have you been practicing yoga? \_\_\_\_\_

3. Why do you want to teach yoga? \_\_\_\_\_

4. Why do you want to take teacher training at Tula Yoga? \_\_\_\_\_

5. What is your favorite style of yoga? \_\_\_\_\_

6. What previous training do you have that could aid you during this yoga training? \_\_\_\_\_

7. Do you plan to teach after you finish the training? Where would you like to teach? \_\_\_\_\_

8. Would you like to open up your own yoga studio eventually? \_\_\_\_\_

7. Do you have any limitations that could affect your participation in this course? \_\_\_\_\_

**Additional comments:** \_\_\_\_\_  
\_\_\_\_\_

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_