



3841 SW Hall Blvd, Beaverton, OR 97005  
503 644-1865 [www.yogaheartsong.com](http://www.yogaheartsong.com)

## Teacher Training Program Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Number of years practicing yoga: \_\_\_\_\_ What style(s): \_\_\_\_\_

Are you currently teaching? \_\_\_\_\_ If so, how long? \_\_\_\_\_

How many classes/week? \_\_\_\_\_

How often do you attend yoga classes? \_\_\_\_\_ Are you willing to take at least one class/week? \_\_\_\_\_

Where have you taken classes? \_\_\_\_\_

How often do you practice yoga on your own? \_\_\_\_\_ How long is each practice session? \_\_\_\_\_

Are you willing to develop a 4 day/week home practice if you do not already have one? \_\_\_\_\_

What does a typical practice contain? \_\_\_\_\_

What are your personal practice goals right now? \_\_\_\_\_

Do you have any injuries/special needs? \_\_\_\_\_

What are your personal desires/intentions for this teacher training program? \_\_\_\_\_

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