

LOVE YOGA CENTER

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200 Hour Yoga Teacher Training Application

Name _____ Nickname _____

Are you a full time resident Y/N, if No where do you live? _____

Where did you grow up _____ Occupation _____

Age _____ DOB ____/____/____

1. How long have you been practicing yoga?
2. Have you practiced yoga at Love Yoga Center? With which teachers?
3. What style of yoga do you practice?
4. What other studios have you studied at? With which teachers?
5. How many times a week do you practice yoga?
6. Do you meditate? How often?
7. Have you ever done a yoga teacher training before? If yes give details.
8. Are you currently teaching yoga? If so where? What style/styles?

9. Please list your education and other relevant training experiences, yoga related and other.

10. Why are you interested in enrolling in a yoga teacher training program?

11. Why did you choose Love Yoga Center teacher training program?

12. How has yoga been influential in your life?

13. Are you interested in teaching yoga after graduation?

14. Are you interested in teaching yoga at Love Yoga Center after graduation?

15. Which Yoga topics most interest you most?

16. What do you feel will be your biggest challenge during this program?

17. Do you have any medical, psychological, or emotional issues that may influence your ability to complete this training? Please explain.

18. How did you hear about this training?