



## TEACHER'S TRAINING APPLICATION

Date

Name

Address

Email

Phone

Emergency Contact

Who/What influenced you the most in your decision to apply for Teacher Training?

How long have you been practicing yoga and how often do you practice?

What types of yoga have you practiced and with whom have you practiced?

What are your long-term goals?

What do you currently do?

What do you think will be most challenging about teaching?

Tell us about your physical/mental health:

Why do you practice yoga?

What are your expectations for this training?

How did you hear about Teacher Training?

Where do you envision teaching?

A recuperative setting – those who could be better served with yoga

A group class setting either at a gym or club

Family members

Sport environments either at high school, college professional or recreational level

Advanced yoga practitioners

Other \_\_\_\_\_

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