



INNER POWER YOGA TEACHER TRAINING APPLICATION 2017

Name:

E-mail address:

Phone:

Address:

Please answer the following questions and continue on additional sheet if necessary.

1. Please describe your yoga background!
2. What do you like most about your yoga experience?
3. What is your greatest challenge in your practice?
4. Where and how often do you currently practice?
5. Why would you like to join our program?
6. Please list any trainings, workshops, retreats attended!
7. Do you have any injuries or health conditions?
8. Why would you like to teach? Why do you think you would not like to teach?
9. Please share if there is anything else we should know about you?

Thank you for your interest in our program!

