

focus yoga

TEACHER TRAINING

Sept 2010-May 2011

APPLICATION

YOUR NAME _____

PHONE # _____ CELL # _____

E-MAIL ADDRESS _____

YOUR YOGA PRACTICE: USE BACK OF SHEET IF MORE SPACE IS NEEDED

HOW LONG HAVE YOU BEEN PRACTICING YOGA?

HOW OFTEN DO YOU PRACTICE YOGA PER WEEK AND FOR HOW LONG? WHERE?

WHAT OTHER BODYMIND SYSTEMS DO YOU PRACTICE, I.E., MEDITATION, QIGONG, REIKI...?

WHAT FORMS OF PHYSICAL EXERCISE OR MOVEMENT DO YOU REGULARLY DO?

DO YOU HAVE A YOGA TEACHER WHO COULD RECOMMEND YOU TO THIS PROGRAM? IF SO,
PLEASE LIST NAME AND CONTACT INFORMATION.

OTHER THAN YOUR REGULAR PRACTICE, DO YOU HAVE OTHER FORMAL YOGA TRAINING?
PLEASE LIST TEACHER OR SCHOOL, PROGRAM NAME...

YOUR HEALTH:

HAVE YOU HAD ANY SERIOUS INJURIES, ILLNESSES OR SURGERIES IN THE PAST YEAR? PLEASE
EXPLAIN.

DO YOU HAVE CHRONIC CONDITIONS SUCH AS ASTHMA, ALLERGIES, CFS...?

ARE YOU IN SOUND HEALTH BOTH IN BODY AND MIND?

YOUR INTENTIONS:

DO YOU WANT TO BE A YOGA TEACHER? IF SO, PLEASE EXPLAIN WHY:

IF NOT, PLEASE EXPLAIN WHY YOU ARE INTERESTED IN THE TEACHER TRAINING:

WHAT ASPECTS OF THE TRAINING INTEREST YOU MOST?

WHAT ASPECTS INTEREST YOU LEAST?

WHAT INTENTIONS DO YOU HAVE FOR YOURSELF IN THIS PROGRAM?

DO YOU WORK AND/OR MANAGE A HOME & FAMILY? FULL TIME, YOUR PROFESSION . . .

ARE THERE ANY OBSTACLES YOU FORESEE IN THE NEXT YEAR THAT COULD INTERFERE WITH YOU ATTENDING THE TEACHER TRAINING PROGRAM? PLEASE EXPLAIN.

ARE YOU PREPARED TO COMMIT TO THIS INTENSE TRAINING REQUIRING REGULAR AT-HOME STUDY AND ASSIGNMENTS?

Thank you for the application. Katherine will contact you shortly after receipt of application. Please send (or bring in) your completed application with a program deposit of \$100 to:
focus yoga - 63 cedar ave - 10, east greenwich, ri 02818.
The program deposit is non-refundable.

