200hr ADAPTIVE YOGA TEACHER TRAINING APPLICATION

Please (1) type your responses directly on the form (2) save a pdf of the filled out form and email it to me at [cherylbrownyoga@gmail.com](mailto:cherylbrownyoga@gmail.com). Also provide a letter of recommendation from one of your teachers.

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| Name: | Email: |
| Phone: | Cell: |
| Address: | |
| What does yoga mean to you? | |
| What brings you to want to do a yoga teacher training? Why draws you towards Adaptive Yoga training? | |
| Please list the dates, titles and locations of any other yoga trainings you have received or workshops you have taken: | |
| Please describe the qualities you have found inspiring in your yoga teachers? | |
| What are the most important qualities you hope to embody as a yoga teacher? | |
| Please describe your yoga practice (how long you have been practicing, how often do you practice, what styles do you practice, do you go to classes or practice at home?): | |
| Please describe any injuries or significant illnesses that are affecting your practice right now. | |
| What you your goals for this training (are you planning to teach public classes, work privately with clients, work in a health care facility, senior center, etc.)? | |