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. 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.)? |