



ASHTANGA YOGA MONTREAL

HATHA YOGA TEACHER TRAINING

APPLICATION FORM

PERSONAL INFORMATION:

Your Name: _____ Today's Date: // 200__

Address:

Home Phone #: _____ WorkPhone#: _____

Email: _____

Emergency Contact (Name, #, Relationship): _____

How did you hear about our Yoga Teacher Training? (indicate first occurrence with a 1, and, if applicable, the second occurrence with a 2):

Word of mouth _____ Friend _____ Ashtanga Yoga Montreal website _____

Other website (please specify) _____

Yellow Pages _____ Other: _____

PLEASE TAKE THE TIME TO ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY. (You can attach additional paper if needed.)

How long have you been practicing yoga? _____

How many times per week do you practice? _____

Do you practice at home and how often? _____

Where have you studied yoga and with whom ?

Do you practice meditation and how often? _____

Have you participated in any other teaching programs, special workshops or practice intensives? _____

List your previous education and relevant training experiences (both yoga related and other fields). Please be specific – this helps us plan the training:

Are you currently teaching yoga? _____

If so, where and how often? _____

Why are you interested in enrolling in a yoga teacher-training program?

Why do you practice yoga?

What do you feel the role of a yoga teacher is?

What prerequisites do you think are necessary to qualify one as a yoga teacher?

Why have you chosen to apply to this training above all others?

Do you have any health related issues, history of depression or mental illness, injuries we should know about?

Are you currently taking medication? _____

Which ones? _____

Why? _____

Extra space for previous questions:

