



Open Way Yoga

Teacher Training Program Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____ Website (optional): _____

Person to contact in case of emergency:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Your occupation:
2. How long have you practiced yoga?
3. How long have you had a personal/home practice?
4. List Yoga history, experience, styles practiced and previous training:

5. Yoga or related teaching experience:

6. Yoga books you have read:

7. Please enter your level of interest for the following topics (L=low, M=med, H=high):

Philosophy_____ Meditation_____ Pranayama_____

Teaching principles_____ Nutrition and Health_____ History_____

8. Please list or comment on any other areas of special interest to you:

9. Special skills, hobbies, sports, etc.:

10. Any injuries or illnesses:

11. How did you hear of us?

12. Are you taking this course for Yoga Alliance Certification? Or to deepen you practice/
teaching? Both?

13. Are you traveling from out of town for the training weekends? If so do you need
information on local accommodations?

14. Please write your purposes & goals for taking this course.