



Yoga Advancement & Teacher Training  
Program  
2010/11 Application Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: (Home, Work, Cell): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

POST SECONDARY EDUCATION (include name of institution and year graduated/completed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On a separate page(s), please answer the following:**

1. What are your reasons for applying for the personal yoga advancement program? Please outline your objectives and expectations for the program.
2. Please describe your previous yoga experience by number of years, style of yoga and teachers with whom you have studied.
3. Describe your own yoga practice, including the strengths and limitations that you perceive in your practice.
4. List any other yoga training programs that you have taken.
5. What have been the benefits of yoga in your life?
6. Describe your physical health – do you have any injuries, medical conditions or concerns.

Signature \_\_\_\_\_

Date \_\_\_\_\_