



## Dew Yoga Teacher Training Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

1. What is your background and experience with Yoga? How many years and what styles of yoga? What teachers have you studied with?
2. Have you completed any Yoga trainings or workshops in the last 5 years?
3. Do you plan to teach Yoga or are you taking this course to deepen your knowledge and practice of Yoga?
4. Do you have any medical conditions?
5. Describe your regular Yoga practice whether it be daily or weekly. Feel free to write on a separate page or the back of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_