



TEACHER TRAINING APPLICATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

TELEPHONE (ALTERNATE): _____

EMAIL: _____

Can we email information to the above email address regarding this yoga teacher training program? Yes No

Please attach additional sheets when needing further space.

1) How long have you been practicing yoga?

2) What style do you practice most and where do you practice currently?

3) Why do you want to take this training program?

4) How would you utilize a yoga teacher certification?

5) Do you presently or have you ever taught yoga? If so, where and when.

6) Have you taken any Teacher Training in the past? If yes, which one(s)?

7) Have you taken any Yoga or Meditation workshops? If yes, which ones and with who?

8) Do you have any injuries, illnesses, or take any medications that would need special consideration during this teacher training? Please explain fully.

9) If injuries or illness at the current time, have you cleared your participation with a doctor? Yes No

Thank you for taking the time to apply. You will be notified of your acceptance into the Evansville Yoga Teacher Training program.

Please enclose a check or money order for \$100.00 made payable to Chris Crews, which is in addition to the total amount of the course fee. (See the website for payment options.) This \$100 will hold your spot in the program and is non-refundable.

Applications and checks may be mailed to Chris Crews at 3309 Quarry Ridge Drive, Evansville, IN 47720.

If you have questions about the program or about this application, please contact Chris Crews, Director of Teacher Training, at (812)483-9114 or email clcyoga@gmail.com.

Namaste'

*Chris Crews
Director of Teacher Training
www.evvvyogacenter.com*