

# **Satya Life School of Yoga 200 hour Teacher Training Application**

**Full Legal Name:** \_\_\_\_\_

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

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

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**How long have you been practicing yoga and how often do you practice?**

**Where and what style of yoga do you typically practice?**

**Why do you want to take teacher training? What are your expectations for this training and what do you hope to learn?**

**Who have been your most influential teachers and why?**

**Have you completed any previous Yoga Teacher Trainings? If so, please list when, where, and your instructor.**

**Are you currently teaching yoga? If so, please list where, for how long, what style, and how many classes you have taught.**

**Tell us about your hobbies, interests, and any other exercise practices you enjoy. Please list any other health/wellness/fitness experience you may have.**

**Do you have any prior or current physical or mental limitations that may affect your ability to teach yoga and complete training? If you have limitations that require a doctor's care, we may request a note from your doctor indicating that you are well enough to pursue a program that can be emotionally, mentally & physically taxing. If you have any concerns, please contact us before applying so we can discuss the hours and requirements with you so you have a clear picture of what the program requires before making your decision to apply. We can help you modify and stay safe as long as you and your doctor feel the program is a fit for you.**

**After completing this application please email it to [Satyalifeyogaschool@yahoo.com](mailto:Satyalifeyogaschool@yahoo.com) and follow the “payment” link to pay the \$100 application fee**