

Yoga Teachers School of Excellence

Application for Admission

Name: _____

Date of Birth: ____/____/____

Address:

Email: _____

Phone: _____

Please answer each question in detail

1. Please describe why you are interested in becoming a Registered Yoga Teacher or a Certified Yoga Therapist.

2. Provide a description of your history with yoga (number of years, styles, schools, etc.), and describe your current practice.

3. Do you have any physical or emotional difficulties that necessitate adaptations in your practice or teacher training? If so, please explain.

4. Do you currently teach, or have you ever taught yoga or any other mind/body practices? Please describe.

5. Our teacher training program will involve studies in asana, pranayama, meditation, chanting, Sanskrit, anatomy, ethics, history, and philosophy. Are you uncomfortable with any of these subjects, if so please explain.

6. Describe any personal qualities that you feel will make you a good yoga teacher.

7. Please tell us any other information you would like for us to know about you.

Please attach any extra sheets to this form.

Mail this application and your application fee of \$50.00 (make checks payable to Yoga Center of Jackson) to:

Yoga Center of Jackson
365 N. Parkway Suite #300
Jackson, TN 38305