

Teacher Training Application Form
May 2011 – September 2011



Name:

Address:

City, State, Zip:

Telephone:

Email:

Age:

Birth Date:

Occupation:

How long have you been practicing yoga?

What styles of yoga have you practiced?

Have you ever taught yoga? If so, please describe the style of yoga and state the length of time you have been teaching.

Lotus Yoga Teacher Training Application Form
Page 2

Please describe any medical concerns you have and/or list any medications you are taking.

Please use the space below to communicate your inspiration for applying to the Lotus Yoga Teacher Training program. Please list specifically what you are hoping to learn through your participation in this program and what areas of yoga are of special interest to you.