

APPLICATION FOR VISTA YOGA
2017 200-HOUR YOGA TEACHER TRAINING
Return completed application to info@vistayoga.com

Name:

Gender:

Date of Birth:

Address:

City, State, Zip

Telephone Numbers: Home Phone

Cell Phone

Email Address:

Profession:

Emergency contact name and phone:

1. Please give a brief description of your formal education.
2. How did you hear about Vista Yoga?
3. How long have you practiced yoga? How often do you practice?
4. What tradition(s) have you been trained in? Who have been your primary teachers?
5. Do you have a meditation practice? For how long? In what tradition?
6. Do you wish to teach yoga or is your aim primarily to deepen your practice and knowledge?
7. Have you studied anatomy before? In what context?
8. Do you have any physical limitations, health related issues or injuries that may impact your study and practice?
9. What would you like to accomplish from your participation in this program?
10. Please add any additional information you regard as relevant to your study of yoga:

Signature:

Date: