



**Yoga Teacher Training Application dated \_\_\_\_\_**

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

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

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

**Emergency Contact Name & Phone:** \_\_\_\_\_

**Please answer the following questions on a separate, typed page  
(in the body of an email is also acceptable).**

1. When and where was your first yoga class, what brought you to that class, and what from that class experience drew you to return to yoga class?
2. Total Number of Years Practicing Yoga: \_\_\_\_\_ Please provide additional information regarding yoga class locations, styles of yoga and teachers you have practiced with.
3. Describe your current studio practice, and detail your personal (at home) practice if you have one.
4. Please list any yoga/yoga related workshops or trainings you have completed.
5. Describe your educational and professional background outside of yoga.
6. Why do you want to complete Nirvana Yoga Teacher Training?
7. Regarding your expectations for this training, what do you most hope to gain, learn or work on?
8. Do you wish to teach yoga upon completion of this training? If so, please briefly describe in what capacity.
9. How would you evaluate your health? Do you have any physical or mental limitations we should be made aware of?

Nirvana Yoga  
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