

5. Describe your personal practice. Include frequency and length of time that you practice.

6. Do you currently teach yoga classes? If so, where? How long have you been teaching? Do you teach a particular style?

7. Have you taken any weekend yoga workshops? If so, please list the instructors.

8. Please list any physical injuries or limitations that may affect your practice.

9. What impediments to your commitment with this program do you foresee?

Participants in the program are expected to attend all 8 weekends. Program requirements include reading assignments, written homework assignments, assisting hours, and attendance at an additional 3 hour workshop outside of the teacher training program for exposure to continuing education. By signing below, you are acknowledging your commitment to these requirements.

Signature

Date



Your Name (Print): _____

Your Signature: _____

Today's Date: _____

Please make a copy of this application for your records.

With your application, submit payment of the \$50 application fee below:

Name, card number, amount (\$50.00)

Please feel free to contact us if you have any questions regarding the completion of your application. We look forward to reviewing your application and getting to know you!

Terry Brown, E-RYT 500

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