



PRAIRIE YOGA / ALIGN YOUR SELF[®]



STUDIOS
FITNESS | CYCLE | YOGA | BARRE

TEACHER TRAINING APPLICATION

NAME _____ DATE _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT & PHONE: _____

LIST PAST/PRESENT INJURIES OR CONCERNS: _____

APPLYING FOR PROGRAM: _____ 200 HRS. _____ 300 HRS. (Please submit 200 hr. certificate with application)

STYLES YOU TEACH: YIN _____ RESTORATIVE _____ HATHA _____ VINYASA _____

SCULPT _____ ASHTANGA _____ HOT/BIKRAM _____ OTHER: _____ N/A _____

ARE YOU CURRENTLY TEACHING YOGA? YES _____ /NO _____

IF YES, HOW LONG HAVE YOU BEEN TEACHING? _____

HOW MANY HOURS DO YOU TEACH A WEEK? _____

LIST THE STUDIOS WHERE YOU CURRENTLY TEACH:

HOW WOULD YOU DESCRIBE YOUR TEACHING METHOD?

PLEASE LIST OTHER RELEVANT TRAININGS OR WORKSHOPS THAT YOU HAVE TAKEN TO FURTHER YOUR STUDY OF YOGA. (12 + HOURS)

WHAT ARE YOUR GOALS FOR THIS PROGRAM?

PLEASE DESCRIBE YOUR PHYSICAL AND MENTAL HEALTH HISTORY.

LIST ANY ACTIVITIES, HOBBIES, OR INTERESTS.

LIST ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU.

Please email completed application to sragriffiths48@gmail.com