

Application for Teacher Training 2007

Name _____ Date _____

Complete Mailing Address _____

City, ST Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

(Please circle your primary daytime number.)

E-mail Address: _____

Date of Birth: (Include Month, Day only) _____

Yoga Practice History:

☼ How many years have you been practicing yoga? _____

☼ How many classes per week on average have you taken in the above years? _____

☼ How many days per week do you practice at home? _____

☼ Did you take the Sagara with Mitchel? _____

☼ Do you currently teach yoga? _____
If yes, how many classes per week _____

☼ Do you want to or plan to teach yoga soon after completing this training? _____

What are the strengths of your asana practice?

What can you improve in your asana practice?

Please include your non-refundable deposit of \$500 & return this application to us in person or by mail at:
Blue Lotus Yoga, 2851 Clover St, Pittsford, NY 14534. Thank you.