

Birmingham Yoga Teacher Training Program Application Form

Name: _____ Date: _____

Address: _____

Phone: _____ Cell Phone: _____ E-mail: _____

Emergency Contacts:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

APPLICATION QUESTIONNAIRE

Let us know a little about you.....

List your yoga history including teachers, how long you have practiced, and what type of yoga you enjoy.

List any other trainings or interests you think would apply.

What is your interest in participating in this program?

Briefly describe your physical health history.

Briefly describe your mental health history. Please include any history of disorders, depression or chronic problems.

Are you currently on any medications? List any you have taken in the last 12 months.

If you are planning a pregnancy during this program, are you willing to follow the advice from the facilitator regarding your asana practice?

Do you have a history of abuse or have you ever experienced violent behavior?

Describe your food habits and lifestyle.

How did you hear about our program?

List any additional information you would like us to know.

Application checklist:

_____ Completed Application Form

_____ \$250 Deposit

Mail completed application package and any correspondence to:

Birmingham Yoga

Birmingham Yoga Teacher Training Program

605 37th Street South

Birmingham, AL 35222

Contact Us:

Phone: (205) 637 4228

E-mail: teachertraining@birminghamyoga.com

www.birminghamyoga.com