



Peace through Yoga Teacher Training Application

Name _____ **Date of Birth** _____

Address _____

City/State/Zip _____

Phone:

Home: _____ **Work:** _____ **Cell:** _____

- **What is your background and experience with yoga?**

- **What is your education and professional background outside of yoga?**

- **Why do you want to take this yoga teacher training?**

- **Please describe any special medical concerns you have? Are you currently taking any medication?**

- **Where do you currently practice yoga? Which style(s) of yoga?**

- **Do you have any teaching experience?**

- **Is there any particular area where you hope to teach some day?**

Mail to the following address along with picture and \$200 deposit:

Peace through Yoga
Attention: Chris Yovanovich, Dir. YTT
1020 Hervey Street
Indianapolis, IN. 46203
yttinfo@peacethroughyoga.com
www.peacethroughyoga.com
(317) 225.7867