



*Peace through Yoga Teacher Training Application*

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**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*  
[csyo66@gmail.com](mailto:csyo66@gmail.com)  
[www.peacethroughyoga.com](http://www.peacethroughyoga.com)  
*(317) 225.7867*