



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
6040 DeLong Road
Indianapolis, IN 46257*

www.peacethroughyoga.com * 317-679-1168 * sally.bassett@peacethroughyoga.com