

## 200 HR YOGA TEACHER TRAINING APPLICATION

**NAME**

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**DOB**

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**ADDRESS**

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**EMAIL**

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**PHONE**

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**PLEASE ANSWER THE FOLLOWING QUESTIONS**

**1. CAN YOU TELL US ABOUT YOUR BACKGROUND AND EXPERIENCE WITH YOGA?**





**2. WHAT CHALLENGES YOU MOST IN YOUR PRACTICE?**

**3. WHERE DO YOU CURRENTLY PRACTICE YOGA? WHAT STYLES?**

**4. WHAT DO YOU MOST ENJOY ABOUT YOGA?**





**5. HOW DID YOU HEAR ABOUT US? WHAT MOTIVATES YOU TO JOIN THE SAMA STUDIO STUDIO YOGA TEACHER TRAINING PROGRAM?**

**6. DO YOU ANTICIPATE ANY DATES THAT YOU WILL NOT BE ABLE TO PARTICIPATE IN THE SCHEDULED TRAINING DATES OR TIMES?**

**7. ANY INJURIES OR HEALTH CONDITIONS WE SHOULD KNOW ABOUT?**

PLEASE EMAIL THIS APPLICATION TO [SAMASTUDIONC@GMAIL.COM](mailto:SAMASTUDIONC@GMAIL.COM) AND INCLUDE "TEACHER TRAINING APPLICATION - YOUR NAME" IN THE SUBJECT LINE: WE WILL BEGIN TO REVIEW THE APPLICATIONS IN AUGUST, IN THE ORDER IN WHICH WE RECEIVE THEM, AND GET BACK TO YOU!

\*\*\*WE WILL ACCEPT PAYMENT UPON APPLICATION REVIEW AND ACCEPTANCE TO THE PROGRAM. A REQUIRED READING LIST WILL BE GIVEN UPON ADMISSION TO PROGRAM WITH YOUR RECEIPT OF PAYMENT AND ACCEPTANCE LETTER.

