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If you would like to be considered for this training please complete the registration form below and return it as a word document and we will get back to you a.s.a.p

<h1>Yoga</h1> <h2>Teacher Training Application Form</h2>	
Date of application	
Date and Location of Training	
First Name:	
Family Name:	
Male/Female:	
Address:	
Date of Birth:	
Phone: <small>(Please include country code)</small>	
Email:	
Current Occupation:	
Name and Tel number of someone to contact in case of an emergency	
What style of yoga do you practice?	
How long have you been studying/practicing yoga?	
How many hours of asana practice do you do a week?	
How many hours of meditation practice do you do a week?	
Do you practice any other yoga disciplines? E.g Bhakti, Karma	
Are you familiar with the yoga sutras?	
Why do you want to do a teacher training?	

<p>Have you done a teacher training before? If yes, please give details</p>	
<p>Why did you choose this course?</p>	
<p>What does yoga mean for you?</p>	
<p>Who have you studied with?</p>	
<p>Do you have any skills or Training which you may wish to share on the training?</p>	
<p>Do you have any diet restrictions</p>	
<p>Please list any medical history, current medication, recent or past injuries (confidential).</p>	
<p>Additional Information/Requests:</p>	
<p>How did you hear about this training? (Magazine advertisement, Google search, word of mouth, yoga directory).</p>	
<p>PLEASE SEND IN THIS FORM AND WE WILL CONFIRM AVAILABILITY</p>	
<p>Signature (or name if by email): to indicate you understand and agree to our terms and conditions as stated below.</p>	