

INDIGO

INDIGO SCHOOL OF YOGA 200 HOUR YOGA TEACHER TRAINING APPLICATION

NAME:

ADDRESS:

PHONE NUMBER & EMAIL ADDRESS:

PROFESSION:

PERSONAL HOBBIES, ACTIVITIES & PASSIONS:

HOW LONG HAVE YOU PRACTICED YOGA? WHERE DO YOU PRACTICE & HOW OFTEN?
(PLEASE NOTE, WE REQUIRE A MINIMUM OF SIX MONTHS REGULAR YOGA PRACTICE.)

WHAT STYLE OF YOGA DO YOU PREFER TO PRACTICE AND WHAT DRAWS YOU TO IT?

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WHY ARE YOU INTERESTED IN A YOGA TEACHER TRAINING?

DO YOU CURRENTLY TEACH YOGA? (PLEASE INCLUDE ALL PRACTICES AND PROVIDE LOCATIONS OF YOUR CLASSES.)

SO WE MAY TRY TO ACCOMMODATE YOU, PLEASE LIST ANY LIMITATIONS, RESTRICTIONS OR ISSUES (INCLUDING PREGNANCY) THAT MIGHT LIMIT YOUR PRACTICE OR STUDY.

PLEASE FEEL FREE TO SHARE ANY ADDITIONAL PERSONAL INFORMATION THAT YOU WISH US TO KNOW.
