## The Health Advantage Yoga Center 1041 Sterling Road - Suite 202 Herndon, VA 20170 (703) 435-1571

## HAYC Anusara Yoga Teacher Training Program Application Form

Complete and return to The Health Advantage Yoga Center with Registration Form & payment. Name \_\_\_\_\_ H: \_\_\_\_\_ Address zip code Occupation Email address: Please answer the following questions. Use additional paper, if needed. I. How many years have you been practicing yoga? Describe your study of yoga. Include when, where, and with whom you took your Anusara Yoga classes. Include any additional workshops, retreats, or classes with Anusara teachers. We may contact these teachers for a recommendation. How many days per week do you practice? II. A. How long is each practice on average? \_\_\_\_\_ В. C. Describe typical poses practiced.

III.	Have you studied or practiced meditation or pranayama? Please describe.
IV.	What does yoga mean in your life? How has it influenced you?
V.	Why do you want to take this course?
Agre	eement
sched	erstand that successful completion of this Yoga Teacher Training Program requires my attendance at the duled teacher training sessions. I intend to be present at all of them. I will also continue to attend classes naintain my home practice.
Signa	nture Date