

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

## The Health Advantage Yoga Center's Yoga Teacher Training Program Application Form

Complete and return to The Health Advantage Yoga Center with registration form and payment.

Name \_\_\_\_\_ H: \_\_\_\_\_

Address \_\_\_\_\_ W: \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_

zip code

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 the style, when, where, and with whom you took your yoga classes. Include any workshops or retreats. We may contact these teachers for a recommendation.

---

---

---

---

- II. A. How many days per week do you practice? \_\_\_\_\_  
B. How long is each practice on average? \_\_\_\_\_  
C. Describe typical poses practiced.

---

---

---

---

---

III. Have you studied or practiced meditation or pranayama? Please describe.

---

---

IV. Are you currently teaching yoga classes? If so, where and what classes?

---

---

V. What role does yoga play in your life overall? How does it influence your approach to life?

---

---

---

---

VI. Why do you want to take this course? Which aspects of the course do you feel will be most valuable to you both personally and professionally as a teacher?

---

---

---

---

---

## Agreement

I understand that successful completion of this Yoga Teacher Training Program requires my attendance at the scheduled teacher training sessions. I intend to be present at all of them. I will also continue to attend classes and maintain a home practice of a minimum of an hour a day four times per week.

---

Signature

---

Date