

SUNYOGA

c o n n e c t i n g
m i n d & b o d y

Teacher Training Program 2011 /2012 Application Form

Name: _____

Address: _____

Phone: _____ E-mail Address: _____

Date of Birth: _____ Current Occupation: _____

Please answer the following:

1. What are your reasons for applying for the TT program?

Please outline your objectives and expectations for the program.

2. Please describe your previous yoga experience by number of years, style of yoga and teachers with whom you have studied.

3. Describe your own yoga practice, including the strengths and limitations that you perceive in your practice.

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4. What have been the benefits of yoga in your life?

5. Describe your physical health – do you have any injuries, medical conditions or concerns.

Signature _____ Date _____

Sun Yoga 200 hours Hatha teacher training program is recognized by the Yoga Alliance

