



Teacher Training Application Form

mark@yogagardenphilly.com • nikki@yogagardenphilly.com

Name: _____

Address: _____

Phone: _____

Email: _____

How long have you practiced yoga? _____

How many times a week do you practice? _____

What styles of yoga are most appealing to you? _____

How did you find yoga (or did yoga find you)? _____

What effects of yoga have you noticed in your body, mind and life? _____

Do you participate in other wellness or fitness activities? Please list them: _____

What are your hobbies or interests? _____

Have you already participated in a teacher training program? If so, which one(s) and when? _____

What qualities do you appreciate in a good teacher? _____

Why would you like to become a teacher or deepen your practice? _____
