



YogaLife Teacher Training Program Registration

Name:	Date:
Address:	State: Zipcode:
Phone:	Cell:
E-mail:	

Use additional pages if necessary to answer the questions below.

How long have you been practicing yoga? Describe your yoga practice, style, and teachers.
Have you done any other teacher training programs or yoga workshops? Please describe.
Why do you want to be a yoga teacher?
What style or type of yoga are you most interested in teaching?
What other commitments do you have in your life right now? How do you plan on making time to complete the training?
Do you have any physical or psychological considerations that may affect your participation in this program? Describe any concerns you have about your participation.