

200hr Teacher Training Application



Your Information

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

What is the best way to reach you (phone or email)? _____

Current Occupation: _____

Emergency Contact: Name, Phone & Relationship to You

Who referred you to Zeal? We would love to thank them! _____

Your Yoga Practice

How long have you been practicing yoga? What styles of yoga have you practiced? Do you have a home practice?

In what ways has yoga impacted your life?

What is your favorite yoga pose? What challenges do you face in your yoga practice?

Expectations

What do you want from this teacher training? Do you want to teach or deepen your own practice?

Physical Health

Do you have any health concerns (physical or mental) that we need to know about? Please know that any health issues you have experience can help you relate to your students who may be going through issues of their own.

Is there anything else you want to tell us? Something interesting about you or something you think we need to know.

Applicant Signature

Date

Email completed application to jen@zealyoga.com.