

Soul Fitness Mind Body Studios

200 Hour Yoga Teacher Training



First Name _____ Last Name _____

Address _____

Phone Number _____ Email _____

How long have you been practicing yoga?

Please provide a description of your current yoga practice. What are your strengths and what are your weaknesses?

Have you ever been injured from yoga and if so what did you learn from this experience.

Do you apply your yoga skills to your life off of your mat?

Of the styles of yoga that you have practiced which do you most enjoy and why?

Have you read any yoga books, attended any workshops or retreats? Please list any of these that would be relevant to your training.

What are your goals and objectives for taking the teacher training program? What is your long term vision once you have completed the training?

Besides yoga, please list any other types of physical activity you typically engage in and how often.

Describe your current physical health and indicate any challenges which would inhibit your participation in physical activity at this time?

What is your current occupation?

Are there any other hobbies that you enjoy?
