

Breathe Yoga School
#9, 888 W 16th Avenue
Vancouver, BC V5Z 1T1

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YA HATHA YOGA TEACHER TRAINING PROGRAM APPLICATION FORM

Name:

Address:

City:

Province:

Postal Code:

Phone:

(h)

(w)

E-mail:

Month/Day/Year of Birth:

Occupation:

Please submit to the above address:

- * Letter of recommendation / introduction from a yoga teacher with whom you have taken classes
- * Completed and signed Teacher Training Application Form (use back if insufficient space)

To qualify for the YA Hatha Yoga Teacher Training Program, applicant must be at 18+ years old, and provide evidence of at least 2 years recent formal classes in hatha yoga.

1. How many years have you practiced Yoga? _____ years.
2. List your yoga instructors. Include a recommendation from one teacher with his / her phone number.
3. Are you presently teaching Yoga?
If yes, how long have you been teaching and how often do you teach?
4. What aspects of Yoga most interest you or are part of your practice?

5. Why do you want to take this Hatha Yoga Teacher Training Program?
6. What do you expect to learn?
7. Do you currently have the time to complete all the requirements of this program? Yes / No
8. Do you currently have the finances available to fund your program? Yes / No
9. Is there a history of physical or mental conditions that will affect your participation in this program? Please describe.

By signing below, I _____ certify that the answers on this application are correct and true to the best of my knowledge. I will make the necessary time and funds available to complete the requirements of this program.

Signature:

Date of Application:

***Please submit this application with a \$500.00 deposit.**