



200-Hour Teacher Training Certification Application

Name: _____

Address: _____

Phone Number (s): _____

Email: _____

Date of Birth: _____

Please answer the following ...

1. Why do you want to be a yoga teacher?
2. How long (if applicable) have you been practicing yoga?
3. In your own words, what is yoga?
4. What is it that drew you this direction? A teacher, workshop, book, inner calling....
5. Tell me about your yoga practice, please include public classes, personal practice, pranayama (breath control), meditation....if applicable.
6. Are you currently teaching yoga? Please give the details.
7. Do you have any yoga certifications? If so, please give the details of the certification, what type, how many hours...
8. What is your occupation?
9. What do you like to do in your spare time?
10. What do you plan to do upon completion of this program?
11. Tell me about your expectations of this program.

Please send in with your \$ 500 deposit.

Signature: _____

Date: _____

Submit to: Karen Moss, 66 E. Waterbury Dr. Springboro OH 45066
kmoss@woh.rr.com www.leelaayoga.org 937-477-2241