



## Application for Teacher Training

Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Profession \_\_\_\_\_

On a separate piece of paper, briefly answer the following questions:

- When did you begin to study hatha yoga?
- What yoga classes and workshops have you attended in the past two years?  
(Please list the tradition or style of your training and approximate hours per week.)
- Describe your personal practice. How often do you practice and for how long?
- List details of any previous yoga teacher training.
- Describe any previous experience teaching hatha yoga.
- How has yoga affected your life?
- Why do you wish to become a yoga teacher?

**Two references are required. Please use the reference forms provided.**

I understand that acceptance for admission to this program is based upon Akasha Yoga Center's assessment of my general qualifications. I also understand that the admission decision is at the sole discretion of Akasha Yoga Center.

Signature \_\_\_\_\_

Payment: \$50 application fee (nonrefundable, applied towards tuition)

Check is enclosed       Visa       MasterCard

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send your application, references and payment to:

Akasha Yoga Center Teacher Training  
121 N. Main St.  
Crystal Lake, IL 60014

For more information:  
Call: **815-356-7089**  
Email: [info@akashayogacenter.com](mailto:info@akashayogacenter.com)  
[www.akashayogacenter.com](http://www.akashayogacenter.com)



