

GLENMORE YOGA & WELLNESS CENTER

Glenmore Yoga Therapy 300 Hour Program Application

Please complete the following form and return it with your deposit to
Glenmore Yoga & Wellness Center

1. Name _____

Address _____

City, State and Zip _____

Phone _____ E-Mail _____

2. Outline your yoga studies and training, specifying areas of particular interest.

3. Please provide the name of the 200-hour yoga certification program you attended.
Attach a copy of your certificate of completion and program syllabus (not necessary if you
completed Glenmore Yoga's 200 hour program).

_____ Date graduated _____

4. What is your understanding of yoga therapy and how does a yoga therapist differ from a
yoga teacher?

5. Please describe your personal yoga practice in terms of frequency and length of practice.

6. What is your knowledge of anatomy? Do you have a background in related modalities,
ie. Physical Therapy, Nursing, etc.?

7. Are you currently teaching yoga? If so, where? What styles do you teach? How long have you been teaching?

8. What are some of the ways that you assist your students in carrying what they learn from formal yoga classes into their lives?

9. Please write a paragraph on why you wish to participate in the Glenmore Yoga Therapy Program. What attracts you to this program? What do you hope to receive?

Signature of Applicant

Date



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