

Glenmore Yoga & Wellness Center

200 Hour Teachers Training Program Application Form

Please complete the following form and return it with your \$325 deposit to Glenmore Yoga & Wellness Center.

1. Name: _____

Address: _____

City, State and Zip _____

Phone: _____ E-mail _____

2. How long have you been studying and practicing yoga?

3. Who is your teacher and how often do you study? Please include location and phone number.

4. What types of yoga have you studied and for how long?

5. Describe your regular yoga practice in terms of frequency and length of practice.

6. What is your knowledge of anatomy? Do you have background in other similar modalities such as Physical Therapy, Personal Training, Pilates?

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

8. How long have you been teaching?

9. Please write a paragraph on why you wish to participate in our 200 hour teachers training program.

Signature of Applicant

Date



GLENMORE YOGA &
WELLNESS CENTER