

**Far Hills Power Yoga 200 Hour
Teacher Training Application**

Name:

Email:

Phone:

Emergency Contact Name and Phone:

1. Please tell us about your yoga experience (when and how you found yoga, the type of yoga you enjoy, how long you have been practicing)

2. What do you hope to get from our training program?

3. Please list below any hesitations you have about the training program:

4. Do you have any medical conditions or injuries and if so, please list them below:

5. Please tell us a few things about yourself - examples: where you grew up or your career / family etc!

6. What is your favorite yoga pose and why?