

HOT YOGA WELLNESSTM

WELLNESS YOGA TEACHER TRAINING Application Form

Please answer ALL questions – incomplete applications will not be considered

TELL US ABOUT YOU Full Name and other nicknames (please specify):	
run Name and other mexitames (please specify).	
Address:	
Home phone:	
Cell phone:	
E-mail address:	
Date of Birth:	

Sex: □ F	□ M
Allergies (if any):	
Medical issues (if an	y)
Emergency contact:	
TELL US ABOUT Y In your own words,	OUR PRACTICE: what does the practice of Yoga mean to you?
How long have you	been practicing Hatha Yoga (i.e. yoga of asanas)?

How long have you been practicing Hot Yoga (if applicable)?		
Why did you start practicing yoga?		
What kept you going through your practice of Yoga?		
Where have you practiced Hot Yoga?		
What do you like about your practice?		

f you were to pick one thing, what would you improve about your practice?	
What is your most favorite asana and why?	
What is your least favorite asana and why?	
f you had to pick one, what is the most important thing that Yoga has taught	t vou?
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TELL US ABOUT YOUR VISION
What made you fill this application for teacher training?
Are you planning to teach Yoga?
Do you have any teaching experience?
Have you taken any Yoga teacher workshops and if YES, provide details and what you liked / disliked about them?

Are you planning to open a studio one day?
ADMINISTRATION ☐ Please include a \$50 non-refundable application fee payable by cheque ☐ Please include a cheque for \$500 non-refundable deposit (will only be cashed if your application is approved) payable by cheque only ☐ Remainder of the fees due upon approval of your applications
Please complete the application form and mail it together with two cheques (application fee and non-refundable deposit) payable to HOT YOGA WELLNESS INTERNATIONAL INC to:
ATTN: Teacher Training Hot Yoga Wellness 1750 Steeles Avenue West, Unit 9 Concord, ON L4K 2L7
FOR OFFICE USE ONLY
 □ Application review date: