

Fight for My Soul Yoga School

200 Hour Yoga Teacher Training Application

The application is used to help the instructors be more aware of students' experience, style of practice and needs prior to the start of the program. Your answers to most of these questions do not influence your acceptance into the program.

Contact Information

First and Last Name _____

Address: _____

Home Number _____ Cell Number _____

Email Address _____

Personal Experience

How long have you been practicing Yoga? _____

What style(s) of Yoga do you practice? _____

How frequently do you practice? _____

What level would you consider your physical practice to be at?

Beginner Mixed Level Intermediate Advanced

Why are you interested in participating in this Yoga Teacher Training?

Heath Information

Do you have any medical conditions or injuries?

Yes No

If yes, please describe

Do you have any concerns, or will you need any special accommodations?

Applicant signature _____ Date _____

Fight for My Soul Yoga School does not discriminate against any person based on race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs.