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Application Form for 200 hour Yoga Teacher Training

Name: _____

Phone: _____

Email: _____

Date: _____

What is your background and experience with yoga? Tell us about your teachers, where you have practiced, the styles you've tried and what you liked about them.

What do you think makes a good teacher? _____

Where do you currently practice and how often? _____

Do you have a home practice? If so, tell us about it. _____

What are your expectations for this training? What do you hope to achieve at the completion of the program?

Medical History (Please note your answer will not exclude you from the training).

How would you evaluate your current health?

Do you have any injuries or physical or emotional conditions that may restrict or affect your yoga practice?

Are you pregnant or do you plan to become pregnant during the course of training?

Please list anything else that you would like your teacher to be aware of to help ensure the best experience possible.
