Inner Vision Yoga Teacher Training Application Directions: Please fill out and return to our studio or e-mail your answers to tt@innervisionyoga.com

Name of Applicant (please print)		
Address: Street	City	State
Zip e-mail address:	Phone:	
Please briefly answe 1) How did you hear about this program	r the following questic	
2) Please check which option relates for 200 hr program () 300 hr program Specialty Certiciate/CEUs in the area of: (For the Healing Emphasis Yoga Therapy Mass	500 hr (200+30) ster Teacher Training, please	visit our websitefor an
Start date for the program you wish to e	r call 480.632.7899) enter:/	/
3) Describe your Hatha Yoga experiencea) What drew you to a Yoga Pract	e answering each of the	
b) What types/"schools" of Hatha	Yoga have you been pr	acticing? How long?
c) What do you feel is the most re	ewarding aspect of your	yoga practice?
d) What is the most challenging a	spect of your practice f	or you?
4) Would you like to take at least 2-3 for your Teacher Training classes?	-	eek in addition to
5) Please let us know why you want to b take the Inner Vision Yoga teacher Trai	_	er why you want to
6) Please describe any preferences you includeareas of interest in which you we	•	
7) If there is anything you think we shoplease let us know with this application.		ental/physical health,
8) If you are applying for the 300/500 h	our program for Yoga T	leacher Certification

and Registration, please let us know where you received your 200 hour training?

Thank you for considering Inner Vision Yoga. It is an honor to teach and we look forward to sharing that honor with you. Expect a response within 5 days of receipt.