

Love Yoga Teacher Training Application

Name _____

Address _____

Phone/Email _____

What is yoga to you?

How long have you been practicing yoga/meditation? How often do you practice?

What does overall health and wellbeing look like to you and how do you sustain that in your own life?

How did you come to choose this training?

What are you hoping to gain from this training?

Who/What do you look to for inspiration in yoga and in life?

Have you participated in other trainings?

What are some other yoga resources you draw from? Books/online/mentors/trainings?

This application is intended to help us ensure a training group conducive to your interest and experience so that you will get the most out of this experience. Your level of experience and/or knowledge is not a factor in any decisions pertaining to this training.

Mail application to 630 Hickory St. NW, Albany, OR 97321 or contact us at love@loveyogastudios.com 541-971-8244