



www.InnerVisionYoga.com 480.632.7899

Inner Vision Yoga HEY Teacher Training Application

Please fill out and return to our studio or fax to phone # 480.855.1201

You may also e-mail your answers to donna@innervisionyoga.com

Please note that you must meet eligibility and requirements to be accepted. For more info visit innervisionyoga.com

Name of Applicant (please print) :

Address and ZIP:

e-mail address:

Phone:

(your information will not be shared with others outside of our school)

Please briefly answer the following questions.

1) How did you hear about this program?

2) Start date for the workshop you wish to begin your training:

_____/_____/_____

3) Describe your Hatha Yoga experience answering each of the following on a separate page:

- What types/"schools" of Hatha Yoga have you been practicing? How long?
- Do you have 200 hour or 500 hour certification? If so, when were you certified and who gave you the certification?
- What do you feel is the most rewarding aspect of your yoga practice?
- What is the most challenging aspect of your practice for you?

4) Are you willing to acknowledge that you play a role in creating all experiences in your life - 'good' or 'bad'? Y or N... Please explain.

5) Please let us know why you want to become certified in Healing Emphasis Yoga Therapy to your repertoire as a Yoga teacher or why you want to take the teacher Training?

6) Please briefly describe any special qualifications or experiences you have had that may qualify you for this advanced training:

7) If there is anything you think we should know about your mental/physical health, please let us know with this application.

Thank you for your interest in Inner Vision Yoga. A response may be expected within 3-5 days of receipt.