



## Teacher Training Certification and In-depth Study Course Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Why are you interested in teacher training?

Do you have a home practice? Yes  No

If so, what does it consist of? If not, are you interested in creating one?

Do you have any injuries or conditions (such as pregnancy or high blood pressure) which may be affected by physical exercise such as yoga practice? Yes  No

If so, please describe:

*Use the back of this sheet or attach additional pages as needed.*

*Return to Rosie with your deposit.*