



INDIGO YOGA

Indigo Yoga

3979 Indian Ripple Road, Suite B

Beavercreek, Ohio 45440

www.indigoyogadayton.com

937-620-7541

Indigo Yoga Teacher Training Application for 2015/2016

200 Hour Foundational, 300 Hour Advanced, 500 Hour Advanced Certification Application Deadline: July 31st, 2015.

Which training are you applying for?

Send Applications to www.barb@indigoyogadayton.com

Or Mail to: Indigo Yoga – 3979 Indian Ripple Road, Suite B, Beavercreek, Ohio 45440

1. Name:

2. Email:

3. Address:

4. Phone:

Home:

Cell:

5. Date of Birth:

6. Gender: Male or Female

7. Emergency Contact:

8. Marital Status:

9. Previous yoga related teacher trainings or workshops you have attended (dates and certifications, if any):

10. List any relevant non-yoga seminars attended (dates and certifications, if any):

11. List your yoga experience, teachers and types of yoga you have practiced. What teacher(s) has/have been most influential in your practice?

12. Do you currently Teach yoga? If so, how long have you been teaching and in what setting(s)? What style(s) of yoga do you teach?

13. What is your intention for this program?

14. What are your expectations for this program?

15. What from your personal life, teaching and prior trainings can you contribute to this program?

16. What is your involvement within your community? Please give specifics.

17. Name one area in your physical, emotional and spiritual life where you would like to have a break-thru. Where do you struggle most in your life and why?

18. Are you willing to commit 100% of yourself to the program, the other students and to the teachers? In what ways are you willing to commit?

19. How do you best receive feedback? Are you willing to take constructive feedback and apply it to your teachings and personal growth?

20. What is your greatest strength and weakness?

21. Describe one experience that has impacted you most in every aspect of your life.

22. Do you currently have any physical or emotional issues that could hinder your full participation in the program? If so, please describe.

23. Have you ever suffered from an eating or exercise disorder? If so, please describe.

24. Are you currently under the care of a physician? If so, please describe or state
“I am not currently under the care of a physician.”

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