



Hot Yoga Wellness®

YOGA TEACHER TRAINING APPLICATION FORM

Please answer ALL questions - incomplete applications will not be considered

TELL US ABOUT YOU

Full Name (*and nicknames*):

First _____ Last _____

Street _____ # _____

City _____ Province/ or _____

Cellphone: _____ Other Phone _____

Email: _____

Date of Birth -Day-Month-Year: _____ Sex: F M Other

Allergies (?): _____

Medical issues (?): _____

Emergency contact: _____

TELL US ABOUT YOUR PRACTICE:

In your own words, what does the practice of Yoga mean to you?

How long have you been practicing Hatha Yoga (i.e. yoga of asanas)?

How long have you been practicing Hot Yoga (if applicable)?

Why did you start practicing yoga?

Where have you practiced Hot Yoga?

What do you like about your practice?

If you were to pick one thing, what would you improve about your practice?

What is your most favourite asana and why?

What is your least favourite asana and why?

What is the most important thing that Yoga has taught you?

YOUR VISION

What made you fill this application for teacher training?

Are you planning to teach Yoga?

Do you have any teaching experience?

Have you taken any Yoga workshops and if YES, provide details and what you liked / disliked about them?

Are you planning to open a studio one day?

ADMINISTRATION

Please make a payment of \$500.-

- a. Cash or
- b. Cheque to Hot Yoga Wellness International Inc. or
- c. Email transfer to tt@hotyogawellness.com.

Remainder of the fees due upon approval of your application
(or by other agreed upon arrangement).

Hot Yoga Wellness
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647-202-3339