Name:       Age:      Occupation:

The Art of Teaching Yoga in the Iyengar Tradition

Participant Application

Address:

City:      State:      Zip:

Phone:

Email:

How long have you done yoga?

What style(s) of yoga have you studied?

With whom have you studied?

Do you have a regular home practice? Yes [ ]  No[ ]  Intermittently [ ]

If yes, does it include *pranayama*? Yes [ ]  No[ ]  Intermittently [ ]

Do you currently teach? Yes [ ]  No[ ]

If yes, how many classes per week, how many students?

Have you ever taught? Yes [ ]  No[ ]

Have you participated in any other yoga teacher training programs? Yes [ ]  No [ ]

If yes, please describe briefly:

Do you plan on becoming a Certified Iyengar Yoga Teacher? Yes [ ]  No [ ]  Maybe[ ]

Do you plan on going up for assessment in the year following this workshop?

Yes [ ]  No [ ]  Maybe[ ]

If yes, at which level?

Do you have any physical injuries or yoga problems? If so, please list briefly below:

What are you hoping to get out of this course?