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?