



The Art of Teaching Yoga in the Iyengar Tradition

Participant Application

Name: _____ Age: _____ Occupation: _____
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 to seek assessment this coming year? 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?

Once you have completed this form, please send it back to lbradleyoga@comcast.net.

Thank you!