



**RYT Teacher Training Application and Information Form**

**Please feel free to use additional space as needed.**

NAME: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ (please list cell if best to reach)

Are you currently teaching yoga, and if so where and what style?

\_\_\_\_\_

Please list years of yoga practice and previous training. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain why you would like to become a certified yoga

instructor. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain why you have chosen The Yoga Loft Teacher Training.

\_\_\_\_\_

\_\_\_\_\_

What does yoga mean to you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How has your yoga practice changed your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any injuries or medical conditions. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact info (*name, relationship, phone*) \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_