

200-hr Journey HOME teacher training application

Name:

Email:

Phone:

Emergency Contact Name and Phone:

1. Please tell us about your yoga experience (i.e. when and how you found yoga, the type of yoga you enjoy, how long you have been practicing):
2. Please tell us what you hope to get from our training program:
3. Please list below any hesitations you have about the training program:
4. Please list any medical conditions below:
5. Please share with us anything else about yourself:

Thank you so much for taking the time to fill out this application!!

xo Liz and Katie