

Alberta *Hot Yoga* TEACHER TRAINING

Alberta Hot Yoga Teacher Training Application

Name: _____

Phone: _____

Email: _____

Date of Birth: _____

Level/Date of Training: _____

Gender: _____

How did you hear about the Alberta Hot Yoga Teacher Training Course?

Do you know anyone who has taken this program before? Has anyone recommended this course to you?

How long have you been practicing Yoga?

How many times a week have you been practicing hot yoga over the past year?

What yoga styles have you practiced and do you currently practice? What style(s) are you most drawn to and why?

Where do you currently practice yoga? And if less than a year, where did you practice prior?

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What is your biggest challenge in your yoga practice?

Have you taken any other yoga training programs or intensives? If yes when/where?

Are you currently teaching (or have you in the past)? If yes, where do you teach, what styles?

Purpose and Reflections

What is your purpose for attending this program?

How has yoga changed your life?

Upon completion of this course what would you like to have achieved?