



**EAST STREET YOGA**  
**3955 East Street, Skaneateles, NY 13152**

**TEACHER TRAINING APPLICATION FORM**

Please complete this form fully and return it to East Street Yoga. We will contact you within one week of submission to inform you whether or not your application has been successful. If you are eligible your place on the course will be reserved on receipt of the deposit of \$1000. The balance will be due by the 22<sup>nd</sup> of June.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Gender    Male    Female

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Birthdate (DD/MM/YYYY) \_\_\_\_\_

Emergency Contact:

-Name \_\_\_\_\_

-Phone \_\_\_\_\_

-Relationship \_\_\_\_\_

Email \_\_\_\_\_

Current Occupation \_\_\_\_\_

How long have you been practicing Yoga? \_\_\_\_\_



Briefly describe your Yoga practice:

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Do you have any qualifications or experience that might strengthen your application?  
(Osteopath, physiotherapist, fitness trainer, dancer etc)

Yes      No

If yes, please give more details

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Why are you interested in doing a Teacher Training Course?

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What is it specifically about The East Street's approach to Yoga that interests you?

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What does Yoga mean to you? What should the role of a Yoga teacher be?

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Why have you chosen to apply to become a Yoga teacher?

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## Health Information

The following will be used by our training staff to better assist you during the TTC. Your answers will be kept in strict confidence within TTC Administration only, with a view to guiding your individual program.

Are you currently taking medication for any physical or psychological condition?  
Yes No

Do you have any chronic physical limitations or disabilities?  
Yes No

Have you had a serious illness or major surgery within the last five years?  
Yes No

Are you currently pregnant or trying to become pregnant?  
Yes No

If you answered YES to any question above, please substantiate your reply with a short explanation. If there is anything else about your physical or psychological health that you feel might affect your participation in the TTC, please explain:

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The information provided on this form is treated as confidential and will only be seen by those teachers and staff involved with the Teacher Training Course.

Print full name

Date

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East Street Yoga  
3955 East Street  
Skaneateles, NY 13152

Phone 315 685-9096

Email [Judiannskan@aol.com](mailto:Judiannskan@aol.com)