



Registered Yoga School

**Clayton Yoga** | 4 South Central Avenue, #2 | **Clayton, MO 63105**

## **Clayton Yoga Teacher Training Application Form**

314-630-1677 or [info@claytonyoga.com](mailto:info@claytonyoga.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please take your time and answer the following questions in some detail.

1) What would you consider to be your greatest accomplishment in this life and why?

2) What made you decide to become a yoga teacher or learn to deepen the practice of yoga in your life?

3) How will you best contribute to the field of yoga once you have completed this yoga training course?

4) What are four things that have happened to you in your life that looked like previous setbacks, but upon greater reflection and time, taught you something deeper about yourself?

5) What are 3 day to day things that you like most about yourself. How does that apply to your main reason for applying to this program:

6) What are three main goals of this teacher training and how will these goals help you to relate to people you are teaching or working with?

7) Include any and all previous yoga and meditation experience. Include in class room experience, workshops as well as home practice.

8) For this question, tell us briefly, why are you interested in our particular yoga training program as opposed to any other yoga training?