



107 Church St
Marietta, GA 30060
www.beyogaatlanta.com

2014-15 TEACHER TRAINING PROGRAM APPLICATION

1. How long have you been practicing yoga?
 2. What kind of yoga do you practice? (i.e. Meditation, Vinyasa, Bikram, Yin, etc).
 3. Are you currently teaching yoga? If yes, where & what style?
 4. What is your intention for attending this Training?
 5. What are your expectations of this Training?
 6. What do you hope to gain, learn, and work on at this training?
 7. Please give us a clear description of who you are and what you are passionate about.
 8. Why is this the right time in your life to enroll in yoga teacher training?
 9. Can you commit to the following: (Answer Y or N)
 1. Practicing 6 days a week?
 2. Taking a minimum of 3 classes per week at be yoga? Y or N
 3. Attending all 9 weekends, & additional program requirements*? Y or N

**Absence or Tardiness of any part of the program is not permitted, with exception of medical or family emergencies.*
 10. Do you have any medical conditions we should be aware of? (kept confidential)
 11. Do you currently take any medications or are currently under the care of a medical professional? If so, please disclose. (kept confidential)
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Thank you for your application to the 2014 Be Yoga Teacher Training Program!

Please submit your typed application to Be Yoga Program Directors by email.

We will review your application and contact you. We greatly appreciate your patience during the application review process.

Namaste,

Isabelle Casey
Be Yoga Teacher Training Program Director
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