

SOL Yoga Teacher Training (YTT) Application

Personal Information:

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Yoga Experience:

How long have you been practicing yoga?

Where do you currently practice yoga?

What styles of yoga do you practice?

Have you taken any previous yoga teacher training? If yes, please specify.

Goals and Expectations:

Why do you want to become a yoga teacher?

What are your goals for this training?

How do you plan to integrate yoga teaching into your life?

Health Information:

Do you have any injuries or medical conditions we should be aware of?

Are you currently under the care of a healthcare professional?

Availability:

Can you commit to the full training schedule from August 2024 through December 2024?

Are there any specific dates or times you are unavailable?

Additional Information:

Is there anything else you would like us to know about you?

Signature:

Applicant Signature:

Date: