



Prenatal Yoga Teacher Training

APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE OF BIRTH: _____

Please answer the following on a separate sheet of paper:

- What 200-hour Yoga Alliance Registered Program did you go through?
- If you have received any additional certifications, please list this as well as the number of hours of the certification (if applicable)?
- What are your most significant yoga learning experiences (classes, workshops, retreats, etc.)?
- Write your own definition of yoga.
- Please describe your personal yoga practice.
- Are you currently teaching Yoga? If so, where?
- Please describe the style(s) of yoga you currently are teaching.
- Please include how long you have studied; whom you have studied with and what led you to the study of yoga.
- What is your interest in teaching Prenatal Yoga?
- What is your current occupation?
- What are your interests and activities?
- Do you have any physical limitations, disabilities or a chronic injury/illness?
- What are your expectations of this prenatal teacher-training program?

Please send in with your deposit.

Signature: _____

Date: _____

World Peace Yoga & Motion Studio
268 Ludlow Avenue | Cincinnati, OH 45220
111 Mill St. | Healdsburg, CA 95448
yoga@worldpeaceyoga.com www.worldpeaceyoga.com