



The Spirit of Yoga

Teacher Training Application

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Applying for (please select one): _____ 200 Hour Program _____ 500 Hour Program

If Applying for 500 Hour Program, please list the studio where you completed your 200 Hour

Program: _____

Years of Yoga Experience: _____

Styles of Yoga Practiced: _____

Other Experience: _____

Please send completed application to:

The Spirit of Yoga
525 East Gay Street
West Chester, PA 19380
Attn: Teacher Training

Or, email the application to:

thespiritofyoga@yahoo.com
Subject Line: Teacher Training

Namaste.