



## 30 HOUR WHEEL YOGA TEACHER TRAINING APPLICATION

The application is used to help Program Director to assess students' eligibility to the training and to be more aware of students' experience, style of practice and needs prior to the start of the program.

### Contact Information

First and Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

### Personal Experience

Provide a brief description of your experience or background with Yoga.

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How long have you been practicing Yoga?

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What style(s) of Yoga do you practice?

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Have you ever practiced Wheel Yoga?       Yes    No

How frequently do you practice?

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What level would you consider your physical practice to be at?

Beginner    Mixed Level    Intermediate    Advanced

Why are you interested in participating in this Wheel Yoga Teacher Training?

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### Health Information

Do you have any medical conditions or injuries?       Yes    No

If yes, please describe:

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Do you have any concerns, or will you need any special accommodations?

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Applicant signature

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Date