

**HOT YOGA TEACHER TRAINING OVERVIEW AND APPLICATION CONT.**

Please complete this application in full and return it with your deposit or full payment to Hot Yoga Louisville, 4414 Shelbyville Rd., Ste. 201, Louisville, KY 40207. Applicants will be contacted upon receipt.

Full Name (print) \_\_\_\_\_

Gender            male\_\_            female\_\_

Address \_\_\_\_\_

Phone            home\_\_\_\_\_ mobile\_\_\_\_\_ work\_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_ relationship \_\_\_\_\_

Current Occupation \_\_\_\_\_

Education/Vocational Skills \_\_\_\_\_

How long have you been practicing yoga and where? \_\_\_\_\_

What style/tradition do you currently practice? \_\_\_\_\_

What is your motivation to do this Teacher Training? \_\_\_\_\_

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Do you have any experience teaching yoga? \_\_\_\_\_

If yes, how long and in what style/tradition? \_\_\_\_\_

Describe any spiritual practices that are important to you? \_\_\_\_\_

What is your current primary diet? \_\_\_\_\_

Do you have any chronic physical limitations of disabilities? \_\_\_\_\_

What does yoga mean to you? \_\_\_\_\_

What should the role of a Yoga teacher be? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_