



200 hour Yoga Teacher Training Application

Name _____ Date: _____

Address _____

City _____ Zip _____

Phone () _____ Email _____

Program Information

How did you learn about the Soul Tree Teacher Training program? (please check all that apply)

I practice at Soul Tree Internet Search My yoga teacher recommended it (please list teacher's name): _____
Advertisement (please list source): _____

A friend told me about it other _____

1. How many years have you been practicing yoga?

2. How many days per week do you practice yoga?

3. What style of yoga do you usually practice?

4. At which yoga studios do you currently practice?

5. Do you have a home practice? Yes No (circle one)

6. Who have been your primary yoga teachers?

7. Do you practice meditation or pranayama?

8. Is this your first teacher training or in-depth Yoga study? Yes No (circle one)

If no, please list prior trainings:

9. Are you currently teaching yoga? Yes No (circle one) If yes, for how many years have you been teaching? Where do you teach? What style do you teach?

10. Why are you interested in Soul Tree Studio Yoga Teacher Training?

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11. What are your expectations for this training? What do you hope to achieve at the completion of the program?

Please complete the medical history section below so that we can be sure to respond to any emergencies should they occur during your training. *Please note that none of your responses will exclude you from being accepted into the program.

1. How would you evaluate your current health? • Excellent Good Fair

Some challenges (briefly describe)

2. Do you suffer from any of the conditions below? • Epilepsy Diabetes • No, I do not suffer from the above conditions to the best of my knowledge.

3. Are you pregnant or do you plan to become pregnant during the course of training?

Yes No

4. Are you currently or during the last two years have you been under the care of a physician or mental health care professional? If Yes, please explain.

Yes No

5. Please list medications you are taking prescribed by your physician or mental health care professional.

6. Please list anything else that you would like your instructor to be cognizant of to help ensure the best experience possible.

You may return this application by email to meg@soultreecolorado.com or drop off at the front desk. The enrollment agreement and deposit are both due to reserve your space in the program.

We look forward to the possibility of moving forward on this journey together, and we guarantee an amazing, unique, educational, transformational and practical experience.

Meghan Stockdale & YTT Staff