



*Triangle Anusara Yoga Teacher Training 2007-08*

**APPLICATION FORM**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Why do you wish to participate in the program? \_\_\_\_\_

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2. How long have you been studying yoga? How long have you been studying Anusara Yoga?

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\_\_\_\_\_

3. Please list Immersions, workshops, trainings, and classes you have taken with Certified Anusara Yoga Teachers as well as Anusara-Inspired Teachers.

<b>Teacher</b>	<b>City</b>	<b>Short Description</b>	<b>Date</b>	<b>Class hours</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. What other styles of yoga have you practiced and for how long? \_\_\_\_\_

\_\_\_\_\_

5. Are you planning to teach yoga if you do not already? \_\_\_\_\_

6. Are you currently teaching yoga? If so, where do you teach and how long have you taught? How many classes do you teach per week? What styles of yoga do you teach? \_\_\_\_\_

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7. Please list other trainings you've taken and healing modalities you've studied, including meditation retreats, self-improvement, or personal growth work. \_\_\_\_\_

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8. How many days a week do you practice yoga at home? How long is each home practice on average? \_\_\_\_\_

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9. Do you have a meditation and/or pranayama practice? \_\_\_\_\_

10. Do you have any injuries, physical limitations, or medical conditions? If yes, please list them and any type of treatment or body work you are receiving. \_\_\_\_\_

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11. What does yoga mean to you? How has it affected your life? (Attach separate page as needed.)

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*Please mail completed application to:*

THOUSAND PETALS YOGA  
Anusara Yoga Teacher Training  
100 Easy Street  
Chapel Hill, NC 27516