

Teacher Training Application
Lafayette Center for Yoga
315 Jefferson St.
Lafayette, LA 70501
337-654-4067

First name: _____

Last name: _____

Full name as you want it to appear on your certificate:

Street Address: _____

City: _____

State: _____

Zip Code: _____

Email: _____

Daytime Telephone: _____

Evening Telephone: _____

Occupation: _____

Age: _____

Emergency Contact: _____

Relationship: _____

Daytime Telephone: _____

Evening Telephone: _____

How did you hear about our Teacher Training Program?

Background Information

What style of yoga do you practice?

What styles of yoga have you studied?

With whom have you studied?

Do you have a regular daily practice?

If yes, does your practice include:

Asana _____

Pranayama _____

Meditation _____

Tell us about your physical health (physical condition, injuries, illness, etc.)

Are you taking any medications that may affect your practice and participation?

If so, what kind?

What is your typical diet?

Do you teach yoga, how long and where?

What is the format of the classes you teach?

Why do you practice yoga?

What are your expectations for this training and what do you hope to learn/work on?

Are you interested in being registered with Yoga Alliance (RYT)?

Write a short autobiographical essay on yourself:

