



EBB & FLOW
YOGA STUDIO

Teacher Training Application

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone/Cell: _____

Email: _____

Gender: M ___ F ___ Birthdate: _____ Emergency Contact: _____

Activities/Hobbies/
Interests: _____

Signature: _____

(Your signature will indicate that you have read, understand and agree to all the requirements for Ebb and Flows 200 hour Teacher Training)

Instructions for completion of this application:

Please answer the following application questions as specifically as possible.

Computer printout of answers are acceptable. All pages should include your name.

When completed, please email, mail or drop off at the studio to either Jill Hines or Allie Fowler.

*A non-refundable deposit of \$100.00 is due when you submit your application.

Application Questions:

1. How did you hear about this Teacher Training Program?
2. Please list previous yoga experience?
3. Why are you interested in this Teacher Training Program? (250 words)
4. What are your expectations for this training? What do you hope to gain, learn, or work on?
5. List any other interesting things you think we should know about you.