



ELAVATIONZ

TEACHER TRAINING

Congratulations on taking this Next Step!
With Pride I am so excited to Teach & Guide you throughout this Amazing New Journey.
Now, kindly allow me to get to know a little bit about you. :)

Teacher Training Application

Applicant Information

Full Name: _____

Date: _____

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____

Email _____

Occupation: _____ DOB: _____ :

Have you practiced Yoga? YES NO Have any other Yoga/Fitness certifications? YES NO

Are you familiar with Online/Zoom classes? YES NO -If yes, pls. list?

Have any known medical condition? YES NO _____



Preferred Style: _____ Home studio: _____

Yoga Experience:

Describe in your own words why you want to become a certified Yoga Teacher & please share your goals.

Emergency Contact: _____ Phone # _____

Relationship: _____

**Upon acceptance, a \$350. Non-refundable deposit towards Tuition is required to secure your spot.*

Applicant: _____ Date: _____

Lead Trainer: _____ Acceptance Date: _____