



# 200-Hour Yoga Teacher Training Application Form

## Your Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yy)  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Emergency Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## How did you hear about the Yoga Teacher Training (YTT)? (choose ONE)

Another client - who? \_\_\_\_\_  
In a yoga class  
Yoga teacher - who? \_\_\_\_\_  
Poster  
Social Media (please check all that apply):    Facebook    Twitter    Instagram    YouTube  
Web search  
Chrysalis Yoga's Website  
Chrysalis Yoga's Newsletter  
Other (please explain): \_\_\_\_\_

## Answer the Following Questions

1. Who are your primary yoga teachers?

2. What inspires you about yoga?

3. Why do you want to take the yoga teacher training? (List 1-3 goals)

4. What are your fears or challenges in doing the yoga teacher training?

5. What do you feel you need to do in order to overcome these fears or challenges so you can achieve the goals you listed in Question 3?

## Check off the Boxes & Please Sign

I understand what is required of me in order to receive certification (as outlined in the Information Package).

I understand the payment terms and conditions (as outlined on the website).

I'm super excited for this new adventure.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Next Steps

- Send your completed Application Form to: [shanine@chrysalisyoga.ca](mailto:shanine@chrysalisyoga.ca)
- Upon review of your application (turnaround time is about 1-3 days), you'll receive an email with the Acceptance Package.
- Pay your deposit as soon as possible, to secure your spot.
- If you've never practiced at Chrysalis Yoga, be sure to complete a Client Intake Form (which includes the waiver and release).

Clear Form

Print Form

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