

2008 Registration and Application Form Somafit Yoga Teacher Training

Personal Information: _____ Today's date / / 08

Name: _____

Address: _____

H: _____ C: _____

W: _____ Email: _____

_____ Amount enclosed: enclose \$100.00 deposit or full amount of \$1200.00

Note: The balance of \$1200.00 is due on or before August 15, 2008. Make all checks payable to Somafit, 2121 Wisconsin Ave, Wash. D.C. 20007.

_____ MC/VISA _____ Check Enclosed

Card number _____ signature _____ Exp. Date _____

How did you first hear about the Somafit Yoga Teacher Training (please check one):

_____ Somafit Publication

_____ Advertisement

_____ Web site

_____ Teacher's reputation

_____ Friend

_____ Other (specify)

APPLICATION FORM

1. How long have you been practicing hatha yoga?
2. How many times a week do you practice?
3. Do you practice meditation and how often?
4. What classes have you taken, currently taking, what style, tradition have you studied and with whom?

5. Is there a particular teaching style that you prefer?

6. Are you currently teaching? If so, where what level and how many classes a week?

What challenges you as a teacher the most (what would you like to discover in this course that will help your teaching)?

7. What postures challenge you the most?

8. Why are you interested in enrolling in a yoga teacher training program?

9. Who are and have been your primary teachers?

9. Have you completed or attended other programs or workshops geared toward teaching?

10. Briefly describe your study/knowledge/practice of chanting, pranayama
