

Dragonfly Yoga + Wellness LLC

Teacher Training Application

**Thank you for your interest in our Yoga Alliance-registered 200-hour Program.
Please complete application and attach any required documentation.**

**Email completed application to:
info@dragonflyyogaandwellness.com**

Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Current Occupation: _____

Emergency Contact and
Phone Number: _____

Yoga Experience as a Practitioner:

I have been practicing yoga for _____ years / _____ months.

I am currently practicing _____ hours per week.

Style(s) of yoga practiced/studied: _____

Yoga Teaching Experience :

I have been teaching yoga for _____ years. I am currently teaching _____ classes

per week. I teach _____ style (s) of yoga.

Why you are pursuing this 200-hour teacher training program?

What areas of yoga are you most interested in?

Additional Certifications:

Health Information

Do you have a medical condition which might affect, or be affected by,
practicing yoga? _____

Are you currently being treated for this medical condition? ____ yes ____ no

Declaration / Acceptance of Forms

I hereby declare the information provided in this application to be true and complete.

Signature: _____ Date: _____

Thank you!