

# SHAKTIBODY

## Teacher Yoga Certification Application

Please mail to Shakti Yoga and Living Arts, 1861 Springfield Ave, Maplewood, NJ 07040

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone Home\_\_\_\_\_ Day phone \_\_\_\_\_ Cell\_\_\_\_\_

e-mail address\_\_\_\_\_

1. How long have you been practicing yoga?
2. What brought you to the practice of yoga?
3. What style of yoga have you been practicing?
4. What are your reasons for deepening your study of yoga and/or becoming a yoga teacher?
5. What would you like to gain from this course?
6. Do you have any injuries or medical conditions? If so what are they?
7. What are your strengths in your yoga practice?
8. What are you challenged by in your practice?

Additional comments:

Please include 2 reference letters.