

Agni Moksha 300 Hour Yoga Teacher Training Application

Personal Information

Name

First

Nickname

Last

Address

Address

Line 2

City

Zip Code

E-mail

Day Phone

Evening Phone

Cell Phone

Date of Birth

Emergency Contact Name

First

Last

Relationship to You

Address (City, State, Country)

E-mail

Phone Number

Short Answer Questions: Please answer the following questions regarding your relationship to yoga and becoming a Agni Moksha Yoga teacher in a separate Word, text, or Notepad document and attach the file below.

1. Tell us about your reasons for applying to the Agni Moksha 300 Hour Yoga Teacher Training. Please include (a) what you hope to learn from the program and (b) why you specifically chose the Agni Moksha program.
2. Tell us about your 200 Hour Yoga Teacher Training. In addition to specifying where and when, please include (a) what you enjoyed, (b) what you found challenging and (c) what you found interesting (and perhaps want to learn at a deeper level during your 300 Hour Training).
3. Tell us what you've been doing since your 300 Hour Yoga Teacher Training. Please include (a) where you're teaching now, (b) how many classes a week you teach, (c) description(s) of the type of class(es) you teach, and (d) trainings that you've taken since your certification.
4. Tell us how you plan to apply your yoga teaching skills in your life and your work?
5. What are your greatest strengths as a yoga teacher? What skills are you hoping to improve by attending this training?

How did you hear about Agni Moksha Yoga Teacher Training?
Referral (e.g., friend, family, teacher)

Yoga Experience

How long have you been practicing yoga

How long have you had a consistent practice? (practicing yoga 3–7 times per week)

How many times, on average, do you practice per week?

On average, how long is your practice?

What style(s) of yoga do you primarily practice?

Please attach a copy of your Yoga Alliance 200-hour RYT teacher training certification.

Education

Please select the highest level of education (number of years):

Please list schools attended, dates, and degrees obtained:

Please list any body-centered trainings you have completed (e.g., massage therapy, dance, Pilates)

Employment History

Current Occupation (and number of years in that occupation)

Previous Occupation (and number of years in that occupation)

Any other occupation information you wish to provide?

Are there any health concerns the we should be aware of in order to support you in this training?

No or yes. If yes, please explain.

Letters of recommendation

As part of your application, please submit 2 letters of recommendation from (1) one of your yoga students, and (2) one of your yoga teachers. You may also submit an additional recommendation documenting how your training will be used to support your current and/or future work.

I acknowledge that all information submitted in this application is true and accurate to the best of my knowledge. I understand that incomplete or inaccurate information may result in my non-acceptance or dismissal from the program.

Signature _____

Date __ __/__ __/__ __

I acknowledge that I have read the Agni Moksha 300 Hour Yoga Teacher Training Policies.

Signature _____

Date __ __/__ __/__ __

Please print out this application with your answers; affix your letters of recommendation; sign the above acknowledgements; and mail these along with your check payable to Main Line Yoga Shala for \$50 to:

Main Line Yoga Shala
711 montgomery avenue
narberth pa 19072