



INNER HEAT YOGA | FLUID YOGA TEACHER TRAINING APPLICATION

Application for 200RYT Teacher Training Program - Fluid Yoga®

DATE: _____ APPLICANT LAST NAME: _____

PERSONAL INFORMATION

NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

BACKGROUND INFORMATION

OCCUPATION: _____ HOW MANY YEARS HAVE YOU PRACTICED YOGA? _____

HAVE YOU TAKEN A CLASS AT IHY or Newfane Village Yoga? _____

HAVE YOU PRACTICED WITH A FLUID YOGA INSTRUCTOR? Y/N Instructor _____

ARE YOU CURRENTLY A YOGA INSTRUCTOR? Y/N Location _____

YOGA INSTRUCTORS

HOW MANY YEARS HAVE YOU BEEN A RYT? _____

ARE YOU REGISTERED WITH YOGA ALLIANCE? Y/N

WHAT CERTIFICATES DO YOU HOLD? _____

WHERE DID YOU RECEIVE YOUR TRAINING(S)? _____

WHAT STYLE(S) OF YOGA DO YOU TEACH? _____

DO YOU CURRENTLY TEACH YOGA? Y/N

COMMENTS: _____

PREVIOUS YOGA INTENSIVES

PLEASE LIST ANY RELEVANT TRAININGS OR WORKSHOPS,
INCLUDING ANY PREVIOUS INTENSIVES OR TRAININGS YOU'VE TAKEN:

INNER HEAT YOGA | 464 Putney Rd. Brattleboro VT 05301 | 802.451.0095

www.innerheatyogavt.com



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ESSAY QUESTIONS

PLEASE WRITE A SHORT RESPONSE TO EACH OF THE FOLLOWING QUESTIONS.
PLEASE LIMIT ANSWERS TO ONE PARAGRAPH EACH. ATTACH TO APPLICATION.

1. What does yoga mean to you?
2. How do you integrate yoga into your daily life?
3. Why do you want to teach yoga and what are your goals for teacher training?
4. What do you find most challenging for you about yoga?
5. Please describe a time when you experienced a life disappointment and how you dealt with it.

HEALTH INFORMATION

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MIGHT AFFECT YOUR FULL PARTICIPATION IN THIS TRAINING? IF SO, PLEASE EXPLAIN.

DO YOU HAVE ANY INJURIES OR OTHER PHYSICAL IMPAIRMENTS?

PLEASE LIST ANY DIETARY OR ENVIRONMENTAL ALLERGENS:

THANK YOU!

PLEASE BE SURE TO FILL OUT YOUR APPLICATION ENTIRELY.
ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.
ANY QUESTIONS MAY BE DIRECTED TO ihyrelations@gmail.com

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