

## **DIG DEEPER YOGA STUDIES APPLICATION - (DDYS 200)**

Name:

Address:

Email:

Phone:

1. How long have you been practicing yoga? What brought you to yoga?

2. What styles of yoga have you practiced and with whom?

3. How often are you practicing yoga?

4. Do you practice headstand? Handstand? Urdhva dhanurasana (full wheel?)

5. What poses are the most challenging for you?

6. Do you have any injuries or medical conditions?

7. Are you currently taking any medication?

8. Are you currently teaching? If so, where and how often?

9. Have you attended any other teacher training courses? If so, with whom?

10. What are some of your strengths off the mat?

11. What areas in your life do you feel you need to work on?

12. What does the word yoga mean to you?

13. What do you hope to gain from this training?