

Yoga Life Society
Meditation Teacher Training Application, 2021

Last Name _____ First Name _____

Yoga Name _____ Date of Birth _____

E-mail _____

Home Phone _____ Business Phone _____ Cell Phone _____

Address _____

Did you graduate from a Yoga Teacher Training Program? _____
If so, When _____ What Level _____ Where _____

If you have not graduated from a Yoga Teacher Training Program,
Please contact shanti@yogalifesociety.com

Have you read/studied the Yoga Sutras of Patanjali _____

How often do you meditate? _____

How long is a typical sitting _____

What meditation technique do you use _____

Do you include pranayama in your meditation sessions _____

Do you include chants, affirmations, or prayers in your meditation session _____

Which ones:

Are you currently teaching Hatha Yoga _____ If so, how often _____

Have you received initiation with (or are a disciple of) a master _____

If you received initiation, when was it _____

With who _____

Why do you wish to take this course you can use the back of the sheet, if needed):

Signature _____ Date _____