



*breathe • relax • renew*  
**Desert Song**  
Yoga & Massage Center

4811 North 7<sup>th</sup> Street, Phoenix, AZ 85014 602•265•8222 [yoga@adesertsong.com](mailto:yoga@adesertsong.com) [desertsongyoga.com](http://desertsongyoga.com)

## Desert Song 200-Hour Teacher Training Program Application

### Personal Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M F

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Emergency Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A minimum of one (1) year of consistent yoga practice with a certified and approved yoga instructor is required to apply for this training.**

1. How long have you been studying yoga? Teaching yoga?

2. How did you hear about our teacher training program?

3. What teachers or styles of yoga have you studied and for what length of time?

4. Describe your current practice (include asana, meditation, pranayama, etc.)

5. For what reasons are you interested in the Desert Song Teacher Training Program?

6. Are you planning on teaching yoga?

7. This program is an intensive commitment of time (approximately 15-20 hours per week) with classes and assignments. Will this fit into your schedule now? What are some of the aspects that may be difficult for you?

8. Do you have any health considerations? If so, please describe.

9. Have you ever taught any subject in a classroom situation?

10. What do you feel you can contribute to the Yoga Teacher Training Program?

11. References of teachers you studied with:

Name

E-mail or phone

How Associated

**Please present a letter of recommendation from your primary teacher with this application.  
Thank you.**