

amrita: yoga teacher training application

amrita: a sanctuary for yoga
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Name: _____

Address: _____

CITY STATE ZIP

Phones: _____

HOME WORK CELL

E-mail: _____

Date: _____

Office Use Only
acc/dec: _____
notified: _____
acc letter: _____

Teacher Training program Immersion program

1. How long have you been practicing yoga? What kind? _____

2. How long have you practiced Anusara yoga? _____

3. Any prior training or relevant training (ie. Massage school)? _____

4. How many days a week do you have a home practice? What does it consist of (length of time, choice of asana)? _____

5. Have you taught yoga? For how long? In what capacity? Please list the dates, locations, levels, length of time for the class and the average class size. Include a separate sheet of paper.

6. Do you have a working knowledge of the Universal Principles of Alignment? _____

7. Do you have any injuries? _____

8. What will be the most challenging aspect of teaching for you? _____

9. The most rewarding? _____

10. Please list the teachers you have studied with, for how long and what they brought to your practice, as well as what challenged you about their teaching. Include a separate sheet of paper. (Teacher, Length of Time, Gift, Challenge)