

200 Hour Certified Teacher Training Program

with Destiny Goldsberry & Les Leventhal

Thank you very much for your interest in applying for Teacher Training! Please answer the following questions as specifically as possible and print very clearly. All information submitted in this application will be kept confidential. If you need more room for your responses, please continue on a separate sheet. Mail completed applications, picture and deposit or full payment to Yoga with Les: 97 Collingwood SF CA 94114.

Course:			
First Name:	Middle Initial:	Last Name:	
Gender: M / F	Birthdate (M/D/Y): / /	Email:	
Home Address:			
City:	State:	Zip:	Country:
Home Ph: () -	Cell: () -	Fax: () -	
Occupation:			
Emergency Contact:			
Relationship:		Phone: () -	
Tell us about your physical health (major illnesses, surgeries, injuries, [physical or emotional] conditions, pregnancy, medications).			
Please list any previous yoga experience (length of time, specific teachers, types of yoga).			
What does yoga mean to you and how has it changed your life?			
Do you currently teach yoga? Y / N If yes, How many years? What style do you teach?			
Describe your personal practice of yoga, i.e., how regularly you practice, other training or experience that you think is relevant, if you are interested in developing your teaching practice or, deepen your awareness of your own practice.			
What teachers inspire you?			

How did you hear about this Teacher Training Course?

Why are you interested in this Teacher Training Course? What do you hope to gain or work on?
What are your expectations?

What do you bring to this training? Please list any other training you have taken and healing modalities you've studied, including meditation retreats, self-improvement or personal growth work.

Please describe your diet, health, and exercise practices and beliefs.

List any other interesting things you think we should know about you.

All programs are as directed by Les Leventhal, Destiny Goldsberry, and their support faculty.

For more information, email yoga@yogawithles.com, yogawithdestiny@yahoo.com, or pamela.tao@gmail.com.

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Your signature will indicate that you have read, understood, and agree to all of the requirements for the training class for which you are applying.

SIGNATURE:

DATE:

PRINT NAME: