



BLISS

LIVING YOGA

TEACHER TRAINING APPLICATION

NAME: DATE:

ADDRESS:

HOME PHONE: MOBILE PHONE:

EMAIL: DATE OF BIRTH:

1. What is your background and experience with yoga? How many years you have been practicing yoga?
Please list in detail:

SCHOOL/STYLE	TEACHER(S)	NUMBER OF YEARS
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2. What is your educational and professional background outside of yoga?
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3. Why do you want to take this Bliss teacher training?

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4. Please describe any special medical concerns you have. Are you currently taking any medication?

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5. Where do you currently practice yoga? If so, with whom/which style of yoga?

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6. How did you hear about Bliss Teacher Training?

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