

Tillai at Om Time University Teacher Training Application

Name: _____

Phone (day / evening / Cell): _____

Mailing Address:

Emergency Contact: (Name and Phone):

Email Address: _____

Current Practice Level and General Yoga Experience:

Favorite "on the mat" Yoga Experience:

Favorite "off the mat" Yoga Experience:

Meditation Experience:

Pranayama Experience:

Educational Background (Yoga Trainings and Upper Division Education) – Please list major and minors in addition to degrees:

Yoga Practice Goals:

Yoga Teaching Goals:

Personal Development Goals:

Current Teaching Schedule (Include Class Style and Studio):

What is your intention for taking this training:

How will you use this training to serve your teaching goals?

How will this training serve you as a human being... ever evolving in your own experience?

Please, use additional pages as needed.
Please return this form with a yoga resume, if available, to Shannon at your earliest
convenience.

om time yoga center
2035 broadway, boulder, co 80302 720.565.6115
www.omtime.com shannon@omtime.com, or teachertraining@omtime.com