



Yoga Life Society

Meditation Teacher Training Application 2020

Please complete this application and send to Reverend Shanti Lemaire at shanti@yogalifesociety.com

Last Name _____ First Name _____

Yoga Name (if any) _____ Date of Birth _____

E-mail Address _____

Best Phone Number to Reach You: _____

Address _____

Please answer the following questions:

1. Did you graduate from a Yoga Teacher Training Program? _____

If so, When _____ What Level _____ Where _____

2. If you have *not* graduated from a Yoga Teacher Training Program, are you willing to take two or three classes to learn how to teach Yoga Nidra and pranayama? _____

3. Have you read/studied the Yoga Sutras of Patanjali? _____

4. How often do you meditate? _____ 4a. How long is a typical sitting? _____

4b. What meditation techniques do you use? _____

4c. Do you include pranayama in your meditation sessions? _____

4d. Do you include chants, affirmations, or prayers in your meditation session? _____

If so, which ones? _____

5. Are you currently teaching Hatha Yoga? _____ If so, how often? _____

6. Have you received initiation with (or are a disciple of) a master? _____

If you received initiation, when was it? _____ With who? _____

Why do you wish to take this course? (You may use the back of the sheet, if needed)

Applicant Signature _____ Date _____