

Yoga Mountain  
510 Mountainview Ave  
Valley Cottage, NY 10989  
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**Teacher Certification Application**

Date .....

Full Name .....

Mailing Address .....

City, State, Zip Code .....

Home phone ..... Work phone .....

Email .....(write clearly please)

Profession .....

Present Occupation .....

Please answer the following questions on the lines below; if you need more space, attach a page.

1. When did you begin to study yoga?  
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2. List classes, workshops, and retreats you have attended in the past two years. Please include as much detail as possible (style, level, hours, etc.)  
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3. Describe your own personal yoga practice. Include meditation, frequency, duration, and length of time you have been practicing yoga on your own.

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4. List any previous Yoga Teacher Training you have attended.....

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5. Briefly summarize your health history.....

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6. How did you learn about Yoga Mountain?.....

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7. Please answer the following questions in brief essay form. You may use the back, or attach a separate sheet of paper.

How has Yoga affected your life?

Why do you want to become a yoga teacher?

Signature .....Date.....

Mail To:  
Gail Walsh  
Yoga Mountain (at above heading address)