



NORTH CAROLINA SCHOOL OF YOGA

Application for the Postnatal Yoga Teacher Training



Name: _____

Phone: (_____) _____ - _____ Email: _____

Address: _____

List the teacher training programs you have completed.

Describe your yoga experience.

Please share your teaching experience.

Other education or training?

Why are you interested in this training and what are your expectations?

Do you have any physical limitations?

Do you have experience teaching Yoga to children?

Please tell us a little about your experience with birth or working with new mothers or babies (if any).

Any other comments?

If you require more space, please attach additional sheets of paper.
Kindly mail your completed application with your deposit or payment in full to:
North Carolina School of Yoga, 2012 1/2 Fairview Rd, Raleigh, NC 27608
Please call or email us with any questions: (919) 465-9495 | ncschoolofyoga@mindspring.com