



# NORTH CAROLINA SCHOOL OF YOGA

## Application for the Prenatal 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?

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