



AURA
wellness center

Yoga Teacher Training
Application Form

21 Park Street, Suite 202 | Attleboro, MA | 02703

Your application will be reviewed by an Aura Teacher Trainer.
If we have any questions we will contact you.

Contact Information:

Name:

Address:

Phone:

Email:

Background Information:

Date of Birth:

How many years of Yoga practice/experience do you have?:

Which styles of Yoga have you taken?

Where have you practiced Yoga?

Have you, or do you, teach Yoga?

What other activities, besides Yoga, do you participate in?

Have you ever been injured in Yoga class or while practicing Yoga? If yes, please explain:

How did you hear about Aura Wellness Center?

Upon completion of this course, you will be a Certified Yoga Teacher, with 200 hours of training and may put “CYT 200” after your name. This will allow you to teach and obtain insurance (if needed).

Would you like to be registered with the Yoga Alliance? Registration is not required, but this will allow you to put “RYT 200” after your name and is an added credential. The Alliance charges a registration fee of \$155 for the first year.

Yes: _____ **No:** _____