

YOGA TEACHER TRAINING APPLICATION



200 Hour Yoga Alliance Certified
Teacher Training
January, 2026 - May, 2026

To apply, please fill out the following Application and return it with the Registration Deposit via check made payable to “Yoga Roots.” Applications and deposits should be placed in a secure envelope, attention Scott and Kim. Once Yoga Roots has received and reviewed your Application, we will contact you with further information.

Thank you for your interest in the 2025 YRTT program at Yoga Roots. We can’t wait to begin this journey with you!

Namaste, YR



CONTACT INFORMATION

Name (please print): _____

Email: _____

Address: _____

Phone (home): _____

Phone (mobile): _____

Date of Birth: _____

Emergency Contact Information: _____

SOCIAL MEDIA CONTACTS

Instagram: _____

Facebook: _____

Twitter: _____

Pinterest: _____

How did you hear about the YRTT program?: _____



GETTING TO KNOW YOU

Please complete the following questions (print please). If additional space is necessary, attach a piece of paper and reference the number of the question with a continuation of your response.

1. Describe your experience with yoga. How long have you had a practice? Do you have a preferred teacher or studio? What style of yoga do you usually practice?

2. Describe your current yoga practice. How often do you attend classes? Do you have a home yoga practice? Perhaps share some of the yoga poses that resonate with you. _____

3. What type of yoga class do you typically take (i.e, Vinyasa, Bikram, Slow Flow, Yin) and why does it resonate with you? Do you see yourself gravitating towards this style of teaching as well? At what studio(s) do you usually practice? _____



GETTING TO KNOW YOU

4. Describe any injuries, disabilities, physical limitations or illnesses that we should be aware of and how you are addressing them, both in life and in your yoga practice. _____

5. Briefly describe any body/mind, energetic or spiritual practices in which you have been involved (i.e., meditation, Buddhism, Rosen Method, dance, theater, massage, polarity therapy, Reiki, or Pranayama).

6. Is the practice of Meditation part of your daily or weekly routine? Do you practice Pranayama at all outside of the studio setting? Is this an area you wish to further understand?



GETTING TO KNOW YOU

7. Who was a major influence in your decision to apply for the YRTT program? What was a primary motivation for you to apply to this training? Have you found support for this journey from your immediate family?

8. How did you learn about the Yoga Roots Teacher Training program? What aspect or recommendation most resonates with you, and which led to your application to join us? _____

9. How do you see yourself using the skills and knowledge you will acquire from this program...is it as a studio teacher, lifecoach, in your current profession? Please explain. _____



DEPOSIT INFORMATION

Deposit fee of \$500 is required with your Application. This is a non-refundable deposit except in circumstances where Yoga Roots elects to reject an Application. In an effort to control costs and tuition levels, we will accept payments by check. Should you require credit card processing, then each of the aforementioned payments will incur a 3.5% Processing Fee.

MAKE CHECKS PAYABLE TO “YOGA ROOTS”

I have enclosed check number _____ for \$_____.

Please deliver both your completed Application and Registration Deposit to:
Yoga Roots, 3459 Fairmount Boulevard, Cleveland Heights, Ohio 44118.

Credit card option:

Yoga Roots will accept credit card payment with a transaction fee of 3.5% added. If you prefer to pay the Registration Deposit by credit card, please complete the following. Your deposit will be \$517.50, of which \$500 will be applied against the Teacher Training tuition.

Name on Credit Card: _____

Billing Address: _____

CC#: _____

Expiration: _____ CVV: _____

Confirm Amount Charged: \$ _____