



Email to: sgteachertraining@pure-yoga.com Fax to: (65) 6838 5451 Attn: Pauline Lim

**2009 HOT YOGA TEACHER TRAINING PROGRAMME
APPLICATION FORM**

* First Name:	
* Last Name:	
Age:	
*Phone Number:	
*Email:	
*Re-confirm Email:	
*Country:	
Occupation:	
Pure Card No. (if applicable)	

Please circle and fill out all that apply:

1. How did you hear about our training?*

- Pure Yoga Website
- Namaskar
- Yoga In Asia
- In-studio poster
- Pure e-Flyer/ e-Newsletter
- Pure Staff
- Friends / Family Referral
- Others
- Search Engine

2. How many years have you been practising yoga?*

3. What is the primary style of Hatha yoga that you practise?*

4. What other styles of yoga have you practised?*

5. How often do you practise?*

- Daily
- Every other day
- Weekly

6. Do you mainly...?*

- Attend class
- Practice alone

7. Who have been your main yoga teachers?*

8. This course will be physically, mentally and emotionally demanding. Have you ever participated in a programme of this nature before? If so, please explain:

9. Why do you want to teach yoga? Or, if you have no plans to teach yoga, why do you want to take this programme? (250 words)*



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10. Do you have any injuries*

11. Additional comments: