



11 Toltec Rd
Santa Fe, NM 87505
505-988-5248

200 Hr Teacher Training Application

PERSONAL INFORMATION

Name _____

Male Female

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Telephone Numbers: Home Phone _____

Cell Phone _____

Email Address _____

Profession _____

Emergency Contact Name and Phone _____

Is English your Primary Language? _____

PLEASE INDICATE WHICH TRAINING YOU PLAN TO ATTEND:

PERSONAL PRACTICE & INTENTION INFORMATION

1. Please give a brief description of your formal education.

2. How did you hear about Tias Little? _____

3. Have you taken workshops or classes with Tias in the past? Where? _____

4. How long have you practiced yoga? How often do you practice? _____

5. What tradition(s) have you been trained in? Who have been your primary teachers?

6. Do you have a meditation practice? For how long? In what tradition? _____

7. Tias teaches an alignment-based asana influenced by the Iyengar and Ashtanga Yoga systems. Do you have previous training in alignment in yoga? _____

8. Do you currently teach? If yes, please describe your classes. _____

9. Do you wish to teach yoga or is your aim primarily to deepen your practice and knowledge (Prajna) with Tias Little? _____

10. Do you have a background in the Healing Arts? (Acupuncture, massage, Feldenkreis etc.) _____

11. Do you have a background in the social services? (Working with children, nursing, counselling, etc) _____

12. Do you have experience teaching, in any subject? _____

13. Have you studied anatomy before? In what context? _____

14. Have you any previous exposure to the teachings of the Buddhadharma? _____

15. Why do you wish to study with Tias and Surya Little as opposed to other teachers?

16. What is or will be your purpose as a yoga teacher? _____

17. Do you have any physical limitations, health related issues or injuries that may impact your study and practice? _____

18. What expectations do you hope to achieve from this training? _____

19. Please list any surgeries you have had. _____

20. Please list any trauma you have experienced. _____

PERSONAL STATEMENT

In the space below, please feel free to add additional information you regard as relevant to your study of yoga:

Signature: _____ Date: _____

If you have any questions, please call the Office at 505-988-5248