



# AWAKENED YOGA



Awakened University – Awakened Transitive Yoga  
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Please submit your application to the above email.  
Someone will reach out to you to collect your \$500 deposit which will hold your spot.

## Yoga Teacher Training Application

Your Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Current injuries or health concerns? \_\_\_\_\_

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**Short Answer:** Please type your answers to the following questions on a separate document and include your answers with your application.

1. Why do you want to participate in teacher training at this time in your life?
2. What do you desire to gain from your participation in this training?
3. How do you plan to apply your yoga skills to your life and work?
4. What are you most proud of accomplishing so far in your life?
5. Please tell us about yourself and your goals.