



## **ABUV.IT Yoga Agency**

### **Teacher Representation Application**

Please complete every section thoughtfully and in full. Completed applications should be emailed to **[abuv.it.info@gmail.com](mailto:abuv.it.info@gmail.com)** upon completion.

#### **Personal Information**

**Full Name**

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**Preferred Name**

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**Email**

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**Phone Number**

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**City, State / Country**

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**Age**

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**Instagram**

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## **Your Teaching Journey**

**When did you begin practicing yoga?**

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**When did you begin teaching yoga?**

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**Provide a timeline of your yoga journey.**

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**List every studio, gym, hotel, retreat, or organization where you have taught.**

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## **Certifications**

**List all yoga certifications, continuing education, CPR/First Aid, and other relevant credentials.**

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## **Teaching Experience**

**Preferred style(s) of yoga:**

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**Largest class you have taught:**

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**Describe your favorite class of 1–5 students and why:**

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List three workshops you have mastered or are actively mastering:

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## Your Philosophy

Why do you teach yoga?

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What are your teaching goals?

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If you could teach anywhere in the world, where would it be and why?

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What makes your teaching unique?

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## Agency Questions

How did you hear about the ABUV.IT Yoga Agency?

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Why do you want to be represented by ABUV.IT?

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Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Submission Instructions

Please send this completed application to [abuv.it.info@gmail.com](mailto:abuv.it.info@gmail.com) upon completion.