

**200 HOUR YOGA TEACHER TRAINING**

**AGREEMENT & APPLICATION**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***First Last***

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**\_\_\_\_­­\_ Z**ip Code**\_\_\_\_\_\_\_\_\_\_\_

**Mobile Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Important!)**

May we send you email notices about events, specials, and more?

Yes No

**Birthdate: \_\_\_\_/\_\_\_ /\_\_\_\_**

**Limitations, Injuries, Surgeries**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (Name/Relation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Fees**

Total payment is due prior to the start of teacher training. This includes a $100 fee due at the time of application which will be deducted from the total fees.

A discount of $500 will be deducted from the program fees if the total is paid 30+ days prior to the first day of training.

Program fees: $3000 30+ days before the start of training

$3500 <30 days before start of training

Please respond to the following:

1. How did you hear about this training? (online, friend, newsletter, etc…please be specific)
2. Please describe your personal yoga practice. Do you practice at home, in studio, both? How long have you been practicing? How often do you practice? What styles? Who have been your most influential teachers and why?
3. Have you completed any previous yoga teacher training? If so, please list the school and instructor name, location, and date of completion. If you are currently teaching, please list where and what style you teach.
4. Why do you want to become a yoga teacher?
5. What attracted you to this training program?
6. What do you expect to gain from this training?
7. How will you pay for this program?
8. Do you have any limitations physically or mentally that may affect your ability to teach? If so, please describe any special needs you might have for the training.
9. What else do you like to do? (hobbies, interests, sports, etc.)

Along with this application, please submit a head shot and your current biography or resume.

If your written application is approved, you will be contacted to set up an interview with the program Director as the next step in the application process.

In signing below, I agree that:

* Along with this application, I am submitting a $100 application fee.  (\*Application fees are fully refundable if you are not accepted into the training program.) Cash, check or credit accepted.
* I understand that full payment must be made prior to the start of teacher training.
* Upon acceptance into the teacher training program, I will read the training manual in its entirety prior to the training.
* Submission of this application does not guarantee I will be accepted into the training program.

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**PRINTED NAME OF PARTICIPANT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARTICIPANT DATE**

**If paying with credit/debit card, please complete the following:**

**Billing Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Street City State Zip***

**Credit Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expir Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3-digit code off back of card:\_\_\_\_\_\_\_**