



Yoga Teacher Training Program ~ 200 Hour Certification Application Form

Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Work: _____ Cell: _____

Date of Birth: _____ Age: _____ Sex: M F Marital Status: _____

Occupation: _____

Do you practice a specific religion ...? _____

Do you have any health related issues, history of depression or mental illness, injuries we should know about...? *(ALL medical information is kept completely confidential)* _____

Please list any prescription or recreational drugs that you are currently using (and for what condition) or have used in the past. *(This is completely confidential)* Also, are you a smoker...? If you've smoked in the past, how long have you been smoke free...?

Who can we call in case of an emergency...? _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Yoga Experience *(include separate sheet if necessary)*

How long have you been practicing Hatha yoga *(and what styles)*...? _____

How many times a week do you practice...? *(where?)* _____

Do you practice at home...? *(If so, how often?)* _____

List any previous teachers and where have you studied/practiced yoga _____

Why do you practice yoga...? _____

Do you practice meditation...? *(If so, how often?)* _____

About Teaching

What are your personal and/or professional goals for this teacher training...? *(Do you anticipate teaching or are you interested in the program to deepen your personal practice/understanding, or...?)*

Are you currently teaching yoga...? If so, where and how often...? _____

In your opinion, what do you feel the role of a yoga teacher is...? _____

How has yoga influenced your life...? _____

Have you participated in any other teacher programs, special workshops, or practice intensives...? List your previous education and relevant training experiences (both yoga and other related fields). Please be specific – this may help us plan the training.

List any other interesting things you would like us to know about you (hobbies, interests, etc) – or do you have any concerns...?

In order to provide personalized training, we limit class size – so please reserve your space early. To reserve your space in the program, please complete this application form (write clearly) and enclose a deposit of \$200 (payable to “My Yoga Lounge”). The form and \$200 deposit can be mailed to the studio (address below) or dropped off at the front desk. Please note that **once you are accepted into the program, the deposit becomes non-refundable.** *If your application is unsuccessful, there will be no charge and your deposit will be returned to you.*

Cost / Tuition: \$2,000

- ★ Early Bird Registration = 10% discount (\$1,800) – **Must pay in full by December 15, 2007**
- ★ Full fee is due no later than January 1, 2008

Refund Policy:

- ★ 30 days or more: Full Refund, less non-refundable deposit
- ★ 8-30 days: 50% refund, less non-refundable deposit
- ★ 0-7 days: No refund

Indicate your payment choice (*Visa and MasterCard ARE accepted*):

_____ **I will be paying in FULL by DECEMBER 15, 2007 in order to qualify for the “Early Bird” discount (\$1,800)**
(less deposit of \$200 provided with registration = \$1,600 due on or before January 1, 2008)

_____ **I will be paying in FULL by JANUARY 1, 2008**
(less deposit of \$200 provided with registration = \$1,800 due on or before January 1, 2008)

_____ **I will need a special tuition payment plan** *(total must = \$2,000)*

I have included my \$200 deposit with this application and....

I can pay \$_____ by _____

I can pay \$_____ by _____

I can pay \$_____ by _____

I can pay \$_____ by _____

Please read and initial:

_____ I understand that once the course starts, there is no refund, nor is the fee transferable to another person.

_____ I understand that no refunds will be made for no-shows or for early departures from the program.

_____ If medical or a life/death emergency prevents me from completing my training, special consideration and/or arrangements *may* be made for me to complete the program. *(Medical records or other proof will be required.)*

_____ I understand that MYL reserves the right to ask me to leave the program if my behavior is inappropriate or unethical. In these highly unusual circumstances, I understand I will not be refunded the portion of fees unused.

_____ I understand that all MYL teacher training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

_____ I understand that there are additional costs associated with the required reading material. *

** To save money, most books can be purchased used from Half.com or Amazon.com. We may also have a copy available for lending from the Lending Library at MYL. (These books will be beneficial reference tools for you in the future.)*

I have read, understand, and fully accept the tuition refund policy.

Signature

Printed Name

Date

Please forward this form along with your deposit to:

Lori Moore
My Yoga Lounge
588 La Sierra Drive
Sacramento, CA 95864

Questions? Please call Lori at (916) 600-6557 or email Lori@MyYogaLounge.com