



Open Sky

Y o g a C e n t e r

# Advanced 300hr Teacher Training™ Application 2018-19

Date \_\_\_\_\_

Home phone \_\_\_\_\_

Name \_\_\_\_\_

Cell phone \_\_\_\_\_

Mailing address \_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_

Profession \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_

Education: *Include high school, college, post-graduate work, names of schools, degrees, majors, minors and any other education that would provide a background for this training (i.e. chiropractic, medical, massage, anatomy, etc.).* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did you complete the 200h teacher training ? Where? \_\_\_\_\_

\_\_\_\_\_

Do you currently teach yoga? Where and what style? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical injuries or medical conditions? If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list treatments or medications for all of the above conditions. \_\_\_\_\_

\_\_\_\_\_

Why are you interested in this particular training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your application is accepted, a non-refundable \$800 deposit will reserve your space. The remaining balance of \$3850 is due by Sept 15, 2018.

You may pay by check, bank transfer or credit card (Visa or Mastercard). **Open Sky Yoga Center, 7 Arnold Park, Rochester, N.Y. 14607**

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