



# Essential Yoga Teacher Training™ Application 2012

|                 |       |                |       |
|-----------------|-------|----------------|-------|
| Date            | _____ | Home phone     | _____ |
|                 |       | Work phone     | _____ |
| Name            | _____ | Cell phone     | _____ |
| Mailing address | _____ | E-mail address | _____ |
|                 | _____ | Profession     | _____ |
|                 | _____ | Date of birth  | _____ |
|                 | _____ | Gender         | _____ |

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.).* \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

How many years have you been practicing yoga? \_\_\_\_\_

Please describe any other yoga experience you have, including other teacher trainings. *Include specific systems, teachers and length of study with each.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your home practice. Include how often, duration, and for how many years you have maintained this home practice. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you practice meditation? If yes, how often? For how long? \_\_\_\_\_

\_\_\_\_\_

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 do you practice yoga? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please include the following with your application:

- Two letters of recommendation, one from your yoga teacher, one from employer or mentor
- One recent photo. Headshot or casual snapshot are fine.
- \$50 non-refundable application fee.

If your application is accepted, a \$500 deposit will reserve your space. The remaining balance of \$2750 is due by January 1, 2012.

You may pay by check or credit card (*Visa or Mastercard*). Send checks to:

Open Sky Yoga Center  
19 Birch Crescent  
Rochester, N.Y. 14607

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585.244.0782  
www.openskyyoga.com