



Essential Yoga Teacher Training™ Application 2011

Date	_____	Home phone	_____
Name	_____	Work phone	_____
Mailing address	_____	Cell phone	_____
	_____	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.).* _____

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, 2011.

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

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