Integral Yoga Institute

200-Hour Teacher Training Application

PLEASE CHECK SESSION: ☐ FALL ☐ SUNDAY ☐ SPRING ☐ SUMMER INTENSIVE

Applicant Information

Name _____ AKA _____
First, Last — Name you'd prefer to be called in class

Address _____

City _____ State _____ Zip _____ Country _____

Phone: Home _____ Cell _____ Work _____

Email _____ Occupation _____

Date of Birth _____ Age _____ Sex _____

Health, injuries or dietary restrictions? (specify below)

_____

_____

Yoga Experience

How long have you practiced yoga? _____

Where have you practiced over the previous six months? _____

How many classes do you take in a month? _____

Have you taken any Integral Yoga classes, retreats or programs? Yes ☐ No ☐

If yes, how long have you practiced Integral Yoga style? _____

Do you practice meditation? Yes ☐ No ☐

If yes, regularly since: _____ Meditation method _____

Have you been involved in any capacity with an Integral Yoga Institute or with Satchidananda Ashram? (If yes, please describe)

_____

_____

If you have practiced other yoga styles, please specify below:

_____

_____

How did you hear about the Integral Yoga Teacher Training program?

_____

Integral Yoga Institute

References

Please provide us with two references we may contact. References you provide should not be family members or friends.

Name	How do you know this person?	Email	Phone

Essay

On a separate page, please describe briefly your personal and occupational background as well as the spiritual background that may have influenced you to apply for Integral Yoga Teacher Training. Please indicate your special talents and skills.

Payment

Non-refundable deposit of $250 enclosed:

☐ **Check** Payable to Integral Yoga Institute

Credit Card ☐ MasterCard ☐ Visa ☐ American Express

Credit Card # _____

Expiration Date (MM/YY) _____CVC #_____

Payment Plan:

☐ **Yes** I would like to enroll in the payment plan option
Fall, Spring, and Sunday sessions: four-installment payment plan ***($100.00)***
Summer Intensive session: two-installment payment plan ***($50.00)***

☐ **No** I will pay the balance before the first day of class.

Agreement: I wish to apply as a Teacher Trainee, and I agree to assume full responsibility for any injuries to me that may occur during the training. I am in good health, and any physical illnesses or ailments are clearly stated above.

Signature _____ Date _____