



## Prenatal Yoga Teacher Training Application

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
*Name as you would like it to appear on your certificate.*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL/WORK PHONE \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

When and where were you trained? \_\_\_\_\_

Primary instructor(s) \_\_\_\_\_

Are you currently teaching Yoga at IYI? Weekly Class  Yes  No At least 2 times a month?  Yes  No

Why do you want to take Prenatal Yoga TT? \_\_\_\_\_

\_\_\_\_\_  
What other training experience have you had since TT? \_\_\_\_\_

\_\_\_\_\_  
Are you following the yogic lifestyle guidelines? \_\_\_\_\_

Occupation \_\_\_\_\_

Interests, hobbies, skills \_\_\_\_\_

Health and diet restrictions \_\_\_\_\_

How did you learn about this training? Friend  IYI Website  Facebook  Other \_\_\_\_\_

**Nonrefundable deposit of \$100 enclosed:**

Check payable to Integral Yoga Institute.

**Credit Card**  Discover  Visa/MC  American Express Expiration (MM/YY) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Security code \_\_\_\_\_

**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 \_\_\_\_\_