



Adaptive Yoga Teacher Training Application

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: _____ EMAIL: _____

OCCUPATION: _____

Are you currently teaching Yoga at an IY Center? If yes, where? _____

Weekly Class: Yes No - or - At least 2 classes a month: Yes No

Where did you complete your 200-Hour Basic Teacher Training? _____

Who were your primary trainers? _____

Date of Completion _____ Is this training recognized by Yoga Alliance? _____

What other training experience have you had since 200-hour TT? _____

Why do you want to take Adaptive TT? _____

Are you following the yogic lifestyle guidelines? _____

Is there anything else you would like the trainers to know that may affect your participation in this course?

How did you learn about this training?

IYI NY IYI San Francisco IYI Fair Lawn IYCC Princeton Yogaville

Integral Yoga Teachers Association (IYTA) Come Together Yoga Other _____

In case of emergency, please notify: _____

Main Phone: _____ Secondary Phone or Email: _____

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. I understand that being accepted into this course does not guarantee certification, which is contingent upon successful completion of all training requirements and payment of tuition in full.*

Signature: _____ Date _____

PLEASE SUBMIT COMPLETED APPLICATION TO TEACHERTRAINING@IYINY.ORG

227 West 13th Street New York, NY 10011 212.929.0586 ext. 16 www.iyiny.org