



Postpartum Yoga Teacher Training Application

NAME _____ AGE _____

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

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL _____

HOME PHONE _____ CELL/WORK PHONE _____

When and where were you trained? _____

Primary instructor _____

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 Postpartum 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 MasterCard Visa American Express

Credit card # _____

Expiration (MM/YY) _____ Security code _____

Emergency contact name _____

Phone _____ E-mail _____

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 _____