



## Intermediate Level 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 ITT? \_\_\_\_\_

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

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

Do you meditate?  Yes  No How long? \_\_\_\_\_ How often? \_\_\_\_\_

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

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

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

### Nonrefundable deposit of \$250 enclosed:

Check payable to Integral Yoga Institute.

**Credit Card**  MasterCard  Visa  American Express

Credit card # \_\_\_\_\_

Expiration (MM/YY) \_\_\_\_\_ Security code \_\_\_\_\_

### Payment Plan:

**Yes**, I would like to enroll in the two-installment payment plan, available at a onetime \$50 fee.

**No**, I will pay the balance on the first day of class.

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 \_\_\_\_\_