

## Therapeutic Yoga Training Application

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

**Include your  
photograph here.**

*(This helps us  
remember you  
and communicate  
with you now and in  
the future.)*

Emergency Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Application Questionnaire

On a separate piece of paper, please answer the following:

1. Professional Title - RYT, RN, PT, LAc, etc.
2. Name and Professional Title EXACTLY as it will appear on your certificate.
3. All students who complete the course will receive certification in Therapeutic Yoga. If you would like a certificate for CEUs as an RN or LAc, there is a \$20 fee for each additional certificate. There is a \$25 administration fee for re-issuing certificates at a later date.
4. Profession.
5. Environment and/or population you are currently working with.
6. Purpose for taking the course.
7. How did you hear of our course (Facebook, website [be specific], word of mouth)?
8. Any injuries, illnesses, or surgeries?
9. Are you taking any medications?
10. Is there anything else you would like to share?

**Nurse:**  Yes, I require an additional certificate for CEU status.

Nonrefundable deposit of \$150 enclosed:

**Check** payable to Integral Yoga Institute

**Credit Card**  MasterCard  Visa  American Express

Credit Card # \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_