



Adaptive Yoga Teacher Training Application

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ WORK/CELL: _____

EMAIL: _____

Where did you receive your 200-hour Basic Teacher Training? _____

Who were your primary trainers? _____

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

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 Adaptive TT _____

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

Are you following the yogic lifestyle guidelines? _____

Occupation? _____

Nonrefundable deposit of \$100 enclosed:

Check payable to Integral Yoga Institute.

Credit Card MasterCard Visa American Express

Card # _____ Exp. Date _____ CVC # _____

Payment Plan:

Yes, I would like to enroll in the 2-installment payment plan. I understand there is a \$50 fee to enroll in this plan.

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

In case of emergency, please notify:

Name: _____ Business Phone: _____

Home Phone: _____

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 _____