



ADVANCED TEACHER TRAINING APPLICATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____

When and where did you take Intermediate Teacher Training? _____

Primary Instructor(s) _____

What other training experience have you had since Basic TT? _____

What levels of Hatha Yoga are you currently teaching, and how often are these classes? _____

Why do you want to take Advanced TT? _____

Do you have a regular meditation practice? _____

Occupation: _____

Interests, hobbies, skills: _____

Health and diet restrictions: _____

In case of emergency, please notify: Name: _____

Primary Phone: _____ Secondary Phone: _____

Non-refundable deposit of \$250 enclosed:

- Check (payable to Integral Yoga Institute)
- Credit Card (Visa/MC/Amex) # _____ Exp.Date _____ CVC # _____
- I wish to enroll in the payment plan option. A \$50 fee will apply.
- I teach at least 2 classes per month at IYINY and would like to request the active teacher discount.

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 _____