

Yoga for Labor & Birth Teacher Training Application

Applicant Information (please print or type)

Name _____
First, Last

Address _____

City _____ State _____ Zip _____ Country _____

Phone: Home _____ Cell _____ Work _____

Email _____ Occupation _____

Teaching Experience

Are you certified to teach prenatal yoga? _____

Where did you complete your prenatal yoga training? _____

What year did you complete it? _____

Are you currently teaching prenatal yoga? _____

If so, where, and how long have you taught? _____

Are you a doula? _____

Why would you like to take Yoga for Labor & Birth Teacher Training?

How did you hear about this program?

Payment

Tuition

\$525 or \$450 Early Bird Discount (if enrolled by October 16, 2018)

includes

\$100 Non-refundable deposit due with application:

Check Payable to Integral Yoga Institute

Credit Card MasterCard Visa American Express

Card # _____ Exp. Date _____ CVC # _____

Full payment for training is due before the first day of class. You may make final payment in person, by mail, or call our reception desk at: 212.929.0585 ext 0

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 do not have any physical illnesses, ailments or injuries that may prevent me from full participation in the program.

Signature _____ Date _____