



Raja Yoga 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 _____

Application Questions

On a separate piece of paper, please briefly answer the following questions.

- 1.) When and where did you begin your Yoga practice?
- 2.) Describe your current regular Yoga practice.
- 3.) When and where did you complete Basic Integral Yoga Teacher Training? Who were the teacher trainer(s)?
If you have not taken a Basic Integral Yoga Teacher Training, what other Yoga Teacher Training programs have you completed and when? Are they registered with Yoga Alliance?
- 4.) Please describe any other Yoga programs or retreats in which you have participated.
- 5.) Have you read the Yoga Sutras of Patanjali? Taken a course/class in Raja Yoga? With whom?
- 6.) How many years have you taught Yoga? How often do you teach? What populations do you serve?
- 7.) Do you have a regular meditation practice? If so, please describe when you began and of what it consists?
- 8.) Briefly, please share what you expect from this Raja Yoga Teacher Training program.
What do you hope to do with this training in your own life and in your service to others?
- 9.) Specify any health conditions, injuries, or dietary restrictions?

Are you currently teaching Yoga at IYI? Weekly Class ___Yes ___No (or) At least 2 times a month ___Yes ___No

Nonrefundable deposit of \$250 enclosed:

Check payable to Integral Yoga Institute.

Credit Card Visa/MasterCard Discover American Express

Credit card # _____

Expiration (MM/YY) _____ Security code _____

Payment Plan:

Yes, I would like to enroll in the two-installment payment plan, available for a \$100 fee.

No, I will pay the balance before the training begins.

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 _____