



*office use only:*

- Date received \_\_\_\_\_*
- Application completed and signed*
- \$100 fee received*
- Application approved*
- Date approved \_\_\_\_\_*
- Acceptance letter sent*

Please complete entire application and attach all required documentation. Return application with a check for your \$100 non-refundable application fee to:

The Yoga Sanctuary attn: Teacher Training, 403 Sullivan Street, Punta Gorda FL 33950

**personal information**

name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

work phone \_\_\_\_\_ e-mail \_\_\_\_\_

date of birth \_\_\_\_\_

emergency contact:

name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

professional background (you may attach a resume)

\_\_\_\_\_



## medical history

Please note that your answers will not exclude you from being accepted into the program.

Please describe any past or current injuries, surgeries, or major illnesses.

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Are you active in other areas of your life? List any fitness / health related training or background that you may have, if any.

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## yoga experience

How long have you been practicing yoga? \_\_\_\_\_

How many days per week do you practice yoga? \_\_\_\_\_

Which style(s) of yoga do you usually practice? \_\_\_\_\_

Where do you currently practice yoga? \_\_\_\_\_

Do you have a home yoga practice?  yes  no

if yes, how long and how often? \_\_\_\_\_

Do you practice meditation and/or pranayama?  yes  no

If yes, briefly describe length and method of your meditation practice.

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**yoga teaching experience**

Are you currently teaching yoga?  yes  no

If yes:

how long have you been teaching? \_\_\_\_\_

what tradition/style? \_\_\_\_\_

how many classes per week? \_\_\_\_\_

where do you teach? \_\_\_\_\_

If no:

have you taught yoga in the past? \_\_\_\_\_

when and for how long? \_\_\_\_\_

**yoga teacher training**

Have you participated in any previous yoga teacher training courses or intensive studies?  yes  no

if yes, please describe with whom, for how long, and when:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience teaching, in any subject?  yes  no

if yes, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you find out about this training?

newspaper / magazine

studio

friend

website

yoga alliance

other \_\_\_\_\_



**additional questions:**

*Please attach a separate sheet to answer these questions.*

- 1) Why do you practice yoga? What does yoga mean to you? How has your involvement in yoga changed and developed over time?
- 2) What are your expectations for this training? What do you hope to accomplish at the end of the training? Do you wish to teach yoga or is your aim to primarily deepen your practice and knowledge?
- 3) In your opinion, what qualities embody a good yoga teacher and why?
- 4) What area of yoga challenges you the most?
- 5) What else would you like us to know about you?

**refund policy**

1. A \$100 non-refundable deposit is to be submitted with the application.
2. A \$500 deposit is due within two weeks of acceptance into the Program.
3. Cancellations prior to November 20<sup>th</sup> receive a full tuition refund, less the \$100 application deposit.
4. Make-ups may be arranged through workshops and private sessions, at the student's expense, to cover the material missed.
5. The Yoga Sanctuary reserves the right to reschedule a session or program.

I agree to the terms on this application as well as the information on the website regarding teacher training. I have answered all of the questions to the best of my knowledge.

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Signature

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Date