



office use only:

- Application signed _____
- \$100 fee received _____
- Interview Date _____
- \$500 deposit _____
- Full payment received _____

Please complete entire application and attach all required documentation. Return signed application by:
email: jennifer@theyogasanctuary.biz OR
mail: The Yoga Sanctuary attn: Teacher Training, 112 Sullivan Street, Punta Gorda FL 33950

\$100 application fee may be paid by:
cash: at studio
check: mailed with application
credit card: link on website or at studio

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.

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

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.



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 primary aim to 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 October 31st will receive a full refund, with the exception of any classes taken.
4. Cancellations between November 1st and November 18th will receive a 75% refund, with the exception of any classes taken.
5. No refunds after November 18th. If you withdraw from the Program, all of the benefits of the Program are revoked as well.
6. 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.

Signature

Date