

INSTRUCTOR TRAINING APPLICATION

*What lies behind us and what lies
before us are tiny matters to
what lies within us.*

Oliver Wendell Holmes



Name _____ Birth date _____

Address _____

City _____ State: _____ Zip _____

E-mail _____ Referred by _____

Home phone _____ Cell phone _____ Work phone _____

Occupation _____ Height _____ Weight _____

Photo enclosed. Please attach a recent photo of your face so we may be better acquainted before you arrive.

Modular Training Immersion Course Start Date _____ End Date _____

Payment Enclosed is:

My nonrefundable deposit of \$150 for Module # _____

Full payment of \$595 for Module # _____ (Must be received 3 weeks prior to start date)

Full payment of \$695 for Module # _____ (Received less than 3 weeks prior to start date)

Full payment of \$2,975 for Modules 1 - 6.

YogaMotion accepts cashiers checks, personal checks, Mastercard and Visa. Check # _____

YogaMotion online PayPal accepts Mastercard, Visa, Discover Card and American Express

Credit Card# _____

Exp. Date _____ URL code _____

- Refunds are available, less \$150 nonrefundable deposit, upon cancellation 3 weeks prior to start date. Your payment may be applied to another program within a year's time.
- * The discounted rate of \$2,975 applies to a single training track attending Modules 1 - 6. Anyone transferring to a different track due to missed Modules will be subject to an additional \$100 fee per module.
- Waiting lists will be addressed on a first come, first served basis as space allows.

MORE ON REVERSE SIDE....

Please answer the following questions. Use additional paper to answer thoroughly

How long have you been practicing yoga?

How often do you practice now?

What styles of yoga have you studied? Where? With whom? For how long?

Why do you practice yoga?

Do you practice pranayama? If so, how often?

Do you practice meditation? If so, how often?

Please enter your level of interest in the following topics (L-low, M-med, H-high

Philosophy ____ Meditation ____ Pranayama ____ Teaching techniques ____ Choreography ____

Anatomy/Kinesiology ____ Relaxation ____ Vinyasa ____ Special Populations ____ Therapy ____

Do you teach yoga now? If yes, for how long, what type of format, facility and style of yoga?

Do you have any other teaching experience? Please explain.

Are you interested in being certified and/or Yoga Alliance Registered?

Tell us about your physical health and any limitations or special needs.

Tell us about your mental and emotional health, (previous therapy, eating disorders, bouts of depression, addictive behavior, etc. Please note that any difficult times you have gone through will bring you closer to students experiencing the same)

Tell us about your dietary health and any special needs.

What is your intention for attending this course? Please be specific. (insert extra paper here)