YOGA LANDING

Chattanooga, TN

APPLICATION FOR 300HR TEACHER TRAINING PROGRAM

PERSONAL INFORMATION

First name: _____ Last:_____

Address: _____

_____

_____

Email: _____

Phone: _____

Gender: _____ Birth Date: _____/_____/_____

How did you hear about our training program?_____

_____

_____

YOGA EXPERIENCE

Where and when did you receive your 200HR Yoga Alliance Teacher Certification?

_____

_____

_____

Please include any other previous Yoga training and education (any relevant trainings or workshops, including previous intensives or trainings). With whom and where?

_____

_____

_____

_____

Are you currently a yoga instructor? Yes No // If yes, how many years? _____

If yes, what style(s) of yoga do you teach?

_____

_____

How long have you been practicing yoga?

_____

_____

Do you currently have one or more regular teachers? Yes No

If yes, please list your teacher/teachers and how often you practice under their guidance?_____

_____

_____

_____

Please list your previous yoga education: any relevant trainings or workshops, including any previous intensives or trainings. With whom and where?

_____

_____

_____

_____

Please describe your current personal yoga practice.

_____

_____

_____

_____

_____

_____

Please write a brief explanation of your intentions for this training.

_____

_____

_____

_____

HEALTH INFORMATION

Do you have any medical conditions that might affect your full participation in this training? Yes No // If yes, please explain briefly: _____

_____

_____

_____

Do you have any injuries or other physical impairments? Yes No // If yes, please explain briefly:

_____

_____

_____

EMERGENCY CONTACT INFORMATION

First Name :_____Last:_____

City:_____State:_____ Zip: _____

Relationship:_____ Phone: _____

Email:_____

I hereby declare the information in this application to be true and complete. I understand that providing false information is grounds for rejection of this application, expulsion from the program, or revocation of certification.

Signature: _____ Date: _____

Please Include the following:

____ Completed and signed application

____ $150 enrollment fee

Please pay by check to Yoga Landing. We also accept Visa, Mastercard, American Express, and Discover by completing the following:

Name on Card: _____

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Billing Zip Code: _____ Amount to be charged: _____

Once Yoga Landing receives your application and payment/deposit, upon acceptance, we will send you an acceptance letter, a required reading list, and lots of love!

For more information, or if you have any questions or concerns, please feel free to call Yoga Landing at (423) 531-6977 or email Maggie Sparks at maggie@yogalanding.net.