

# YOGA LANDING

Chattanooga, TN

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## APPLICATION FOR 200HR TEACHER TRAINING PROGRAM

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### PERSONAL INFORMATION

First name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do you currently qualify for our student discount?    Yes    No

How did you hear about our training program? \_\_\_\_\_

\_\_\_\_\_

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## YOGA EXPERIENCE

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

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

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How long have you been practicing yoga?

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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?\_\_\_\_\_

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

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Please describe your current personal yoga practice.

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

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## HEALTH INFORMATION

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

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

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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

\_\_\_\_ Deposit

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 Della Wheeler at [della@yogalanding.net](mailto:della@yogalanding.net)*