



Teacher Training Application for Savannah Yoga Center Yoga Teacher Training Certification Program

Please use an additional sheet of paper if you need.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alt Tele: _____

Email: _____

Emergency Contact: _____

Occupation: _____ Employer: _____

How did you hear about this program?

Family Statistics: (children, spouse, significant other, etc...)

What is your gender, current age and state of health?

Do you have any injuries? Please describe.

Are you currently on any medications, if so which ones and what for?

Describe your yoga experience (length of time, specific teachers, styles of Yoga practiced), including teaching experience and current classes taught if applicable.

What is your intention for taking this program?

What particular skills, qualities and talents do you bring to this experience?

How do you plan to make the time for studying and practicing your Yoga?

What are your biggest challenges in life? And in Teaching if applicable?

Do you currently see a therapist?

How will you meet the financial requirements?

Anything else you want to tell me? Questions, comments or concerns.

Please note by filling out this application it does not guarantee your acceptance to the program. Your application will not be processed until \$450 deposit payment is received and approved. You will receive an e-mail once your deposit has been received.

You may mail deposits to Savannah Yoga Center, 1321 Bull St., Savannah, GA 31401 or call (912) 232-2994 and we can process a Master card or Visa by phone.

You can also email your application to: kelly@savannahyoga.com and pay your deposit from our website: www.savannahyoga.com.

~ Namaste ~