

YOGASOURCE

200-HOUR YOGA TEACHER TRAINING APPLICATION 2010



Please complete the information below and **provide a brief description (200 words or less) of your yoga background and your goals as a yoga teacher or practitioner.** A \$25 application fee is required to process your application.

Program dates are as follows:

**2/26-28, 3/19-21, 4/23-25, 5/21-23, 6/18-20, 7/23-25, 8/27-29,
9/24-26.**

Successful completion of this program will qualify you to register with the National Yoga Alliance at the 200 hour level.

Please print or type the following information:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone with area code: (____) _____ Ext. _____

Home Phone with area code: (____) _____ Cell Phone with area code: (____) _____

Birth date: ____/____/____ E-Mail address: _____

Emergency Contact:

Name: _____ Phone: (____) _____ Relationship: _____

Release of Liability: In signing below I agree that YogaSource and its representatives will in no way be held liable for the safekeeping of my personal belongings while I attend this program. I understand that classes at YogaSource may be physically strenuous and I voluntarily participate in them with full knowledge of the risk of personal injury and death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against YogaSource or its representatives for any personal injury, property loss or damage, or wrongful death, whether caused by negligence or otherwise.

Release of Liability – Signature: _____

Application FEE: A \$25 non-refundable application must be received with this application. Upon receipt of this application including the 200 word essay a phone interview will be scheduled to determine your acceptance into the program. Upon acceptance into the program a completed Enrollment Agreement and a \$500 deposit will be required to hold your place in the program.