



Summer Intensive 200-Hour Teacher Training Application

Name _____ AKA _____
(name you'd like to be called in class)

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Email _____

Occupation _____ Age _____ Date of Birth _____ Sex _____

I have been practicing yoga since _____ Integral Yoga Other style of yoga (please describe)

Have you ever taken any Integral Yoga classes, retreats, or programs? Yes No

Have you been involved in any capacity with an Integral Yoga Institute or with Satchidananda Ashram?

If yes, please describe _____

I practice meditation Yes No If yes, regularly since _____ Method _____

I learned about the Integral Yoga Teacher Training program from _____

Health and diet restrictions _____

Nonrefundable deposit of \$250 enclosed:

Check payable to Integral Yoga Institute.

Credit Card MasterCard Visa American Express

Card # _____ Exp. Date _____ CVC # _____

Payment Plan:

Yes, I would like to enroll in the two-installment payment plan.

No, I will pay the balance on the first day of class.

On a separate sheet of paper, please describe briefly your personal and occupational background, as well as the spiritual background that may have influenced you to apply for Integral Yoga Teacher Training. Please indicate your special talents and skills.

Agreement: *I wish to apply as a Teacher Trainee, and I agree to assume full responsibility for any injuries to me that may occur during the training. I am in good health, and any physical illnesses or ailments are clearly stated above.*

Signature _____ Date _____