



2010 THERAPEUTIC YOGA TEACHER TRAINING APPLICATION

Name _____ Age _____ Sex: F M

Name as you would like it on your certificate _____

E-mail _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Other number _____

Occupation _____

Are you a Certified Yoga Teacher? Yes No Are you teaching? Yes No

Are you a Healthcare Practitioner Yes No If yes, in what field? _____

Do you have any teaching experience in general? Yes No

How long have you been practicing Yoga _____

Do you have any physical limitations/injuries? _____

What is your intention in taking this course? Are there any areas of interest you would like to explore?

(Please attach a separate sheet of paper if needed)

How did you learn about Therapeutic Yoga Training? _____

Tuition: \$795 if paid in full by August 20, 2010; \$850 thereafter. Deposit \$150. Full payment due by Sept. 25.

Refund policy: full refund less \$50 processing fee, 48 hours before the start of the program or earlier; within 48 hours before the program, the whole deposit of \$150 is non-refundable.

Scholarship information: please call Sevika 212-929-0586 ext. 16 or email Sevika@iyiny.org

Checks payable to: Integral Yoga Institute.

Credit Card: MasterCard Visa American Express

Card Number _____ Exp. Date: _____ Cvs # _____

Name on the card: _____ Address on card: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____