



2012 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 health care 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: \$850 if paid in full by April 13, 2012; \$895 thereafter. Deposit \$150. Full payment due by May 11.

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 nonrefundable.

Scholarship information: Please call 212-929-0585, ext. 68, or e-mail TeacherTraining@iyiny.org.

Checks payable to: Integral Yoga Institute

Credit card: MasterCard Visa American Express

Card number _____ Exp. date _____ C.S.C. _____

Name on the card _____ Address on card _____

City _____ State _____ Zip _____

Signature _____ Date _____