



Intermediate Level II Teacher Training Application

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ WORK/CELL: _____

E-MAIL: _____

When and where were you trained? _____

Primary Instructor _____

Are you currently teaching Yoga? Yes No

Are you an active Integral Yoga Teacher (teaching at least 2 times a month)? Yes No

Why do you want to take Intermediate TT? _____

What other training experience have you had since Basic TT? _____

Are you following the yogic lifestyle guidelines? _____

Do you meditate? Yes No How long? _____ How often? _____

Occupation? _____

Interests, hobbies, skills? _____

Health and Diet Restrictions: _____

Non-refundable deposit of \$250 enclosed: Check Credit Card # _____

In case of emergency, please notify: NAME: _____

Business Phone: _____ Home Phone: _____

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 _____