



Intermediate Level Teacher Training Application Form

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

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL _____

HOME PHONE: _____ WORK/CELL: _____

Occupation _____ Age _____

When and where were you trained? _____

Primary Instructor _____

Are you currently teaching Yoga at IYI at least 2 times a month? Yes No

Are you currently teaching anywhere? 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? _____

Interests, hobbies, skills: _____

Health and Diet Restrictions: _____

Non-refundable deposit of \$250 enclosed:

Check Credit Card # _____ Exp.Date _____ CVC # _____

Yes, I would like to enroll in the payment plan. **No**, I will pay the balance on the first day of class.

In case of emergency, please notify: NAME: _____

HOME PHONE: _____ WORK/CELL: _____

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: _____