



Yoga for Labor & Delivery Teacher Training Application

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? Weekly Class Yes No At least 2 times a month Yes No

Are you currently teaching anywhere? Yes No

Why do you want to take L&D TT? _____

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

Are you following the yogic lifestyle guidelines? _____

Interests, hobbies, skills _____

Health and diet restrictions _____

Nonrefundable deposit of \$100 enclosed:

Check payable to Integral Yoga Institute.

Credit Card MasterCard Visa American Express

Card # _____ Exp. Date _____ CVC # _____

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 _____