



## Prenatal Yoga Teacher Training Application

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

When and where were you trained? \_\_\_\_\_

Primary Instructor \_\_\_\_\_

Are you currently teaching Yoga?  Yes  No Are you an active Integral Yoga teacher?  Yes  No

Why do you want to take Prenatal Yoga TT?

\_\_\_\_\_

What other training experience have you had since TT? \_\_\_\_\_

Are you following the yogic lifestyle guidelines? \_\_\_\_\_

Occupation \_\_\_\_\_

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 # \_\_\_\_\_

Payment Plan:

**Yes**, I would like to enroll in the two-installment payment plan available for a onetime \$50 fee.

**No**, I will pay the balance on the first day of class.

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 \_\_\_\_\_