

Thank you for applying to the Yoga Movement Yoga Alliance certified 200 hour teacher training program. To reserve your spot, please make your non-refundable, non-transferable $500 deposit online at: <http://clients.mindbodyonline.com/classic/ws?studioid=43708&stype=-101&sTG=34&sView=day> We will return your deposit if your application is not accepted.

Cost of this investment in your future and following your path to joy and spreading light: $2950.00\*.

Early bird price: Pay in full by March 1 $2600 for both session

Spring or Fall session (separately) – $1500

**Spring Session:** March 18 -April 29 Saturdays 12-8pm, Sundays 1-9pm 100 hours Foundations of Vinyasa

**Fall Session:** September 16-October 22 Saturdays 12-8pm, Sundays 1-9pm 100 hours Foundations of Hatha and Yin

**Personal Details**

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female \_\_ Male \_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intentions**

1. What are your intentions for The Yoga Movement teacher training program?
2. What are your top two intentions for yourself physically?
3. What are your top two intentions for your mental/emotional growth?
4. What are your top two intentions for your spiritual growth?
5. Do you intend to teach? Or to deepen your own practice?
6. When did you realize that you wanted to teach yoga?
7. Why did you choose the Yoga Movement Teacher Training program?
8. Is there anything else we should know about your path/intentions?

**Physical Health**

1. Please list any health concerns or limitations:
2. Are you under a doctor’s care?
3. Please list the health care professional’s name, specialty, and address:

**Personal Practice**

1. Tell us about your yoga practice:
2. Please describe your yoga background:
3. What yoga styles do you practice?
4. How often?
5. How long have you been practicing yoga?
6. Other comments about your yoga practice:

Thank you for your honesty and openness in this application process. Hopefully you were enriched by asking yourself these questions and clarifying further why you would like to train with The Yoga Movement. We will respond to your application within a week of receiving it.

Shine Bright,

Jenny

**Cancellation Policy:** Deposit is non-refundable or transferable. 50% of Tuition Fee is refundable if canceled at least 1 month before the Program starts. No refunds for cancellation within 1 month before starting date.

**Training Dates:**

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