

APPLICATION FORM
PRANA YOGA TEACHER TRAINING
200 HOUR

Date: _____

PERSONAL INFORMATION

Name: _____

Address: _____

Email address: _____

Telephone: _____ Gender: _____ Age: _____

Emergency Contact information:

Name: _____ Relationship: _____

Phone: _____

You must submit a deposit of \$500 with your application. Applications received without deposit will not be valid until payment is received. If paying by check, please make payable to "Prana Yoga Center" and mail to the address below. If paying by credit card, please visit our website and click on payment. Full price for the program is \$2600.

*To receive our early bird discount, payment of \$2360 must be received in full by Jan. 30, 2012.

Please submit your completed application to Regina DeWitt:

E-mail: mamareheena@gmail.com

Phone: 941-928-2137

By mail: Prana Yoga Center
Attn: Regina
3840 S. Osprey Ave.
Sarasota, FL 34239

YOGA BACKGROUND

If additional space is needed, please feel free to use a separate sheet of paper.

1. How long have you been practicing yoga?

2. What styles of yoga have you studied and what style do you currently study?

3. Do you have a primary teacher? If so, how long have you been studying with her/him?

4. Do you have a daily asana, pranayama, and/or meditation practice? Please provide details.

5. What is the current focus of your practice? What are the current obstacles in your practice?

6. Do you currently teach yoga? If so, where? For how long?

7. If you are not currently teaching yoga, do you plan on teaching yoga in the future?

8. Have you studied any yoga philosophy?

INTEREST IN & GOALS FOR THIS PROGRAM

9. How did you hear about this program?

10. What attracted you to this particular program?

11. What are your goals/expectations for this teacher-training program?

OTHER

12. Please describe your educational background (degrees, institutions, locations, and dates), from high school to college and beyond.

13. What other related disciplines do you study/practice?

14. List any prescribed medications you're taking or significant medical treatment you're currently undergoing.

15. Is there anything we should know about your health, such as high or low blood pressure, diabetes or low blood sugar, epilepsy, heart problems, depression or anxiety, neck, back, shoulder, wrist, or knee injuries?

16. Are there any other limitations or challenges that you face, physical or otherwise, that you would like us to be aware of?

17. Please provide any additional information that you would like to share with us.