



Teacher Training Application Form

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ (cell) _____

Email: _____ Birthdate: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please answer the following questions on another sheet of paper:

1. Describe your experience with yoga. How long have you practiced and what style?
2. Describe your current yoga practice. Frequency of practice and what does it consist of? How often do you attend studio classes? Do you have a home based practice?
3. What skills are you most interested in cultivating during teacher training?
4. Do you have any goals upon completion of the training course?
5. Are you currently teaching yoga? If so, for how long?
6. Why are you interested in this program? Are you interested in teaching or self-exploration?
7. How did you learn about our program?

_____ Internet Search _____ Facebook _____ Friend

_____ Yoga Teacher _____ other

(Name of friend, teacher, or other method : _____)

Preferred payment method:

- Early Bird Pay in Full Rate
- Deposit of \$650 and balance of \$2,240
- Deposit of \$650 and two equal payments of \$1,195
- Deposit of \$650 and nine payments of \$272

Payments are non-refundable

Applicant Signature: _____ **Date:** _____

Thank you for joining our 200 hour training program!

Please submit this application and deposit to hold your spot in our next training!

Email or Mail this form to:

Centerpeace Yoga & Wellness
1951 State Route 59, Ste. D
Kent, Ohio 44240

Phone: 330-346-0393

email: info@centerpeacekent.com
www.centerpeacekent.com