



## 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 rate of \$2,690 due by December 15, 2016
- Deposit of \$650 and balance of \$2,240 due by January 6, 2017
- Deposit of \$650 and two equal payments of \$1,145 due 1/6 and 3/3
- Deposit of \$650 and five payments of \$468 due 1/6, 2/3, 3/3, 4/7, and 5/5

*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 Spring 2017 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](mailto:info@centerpeacekent.com)  
[www.centerpeacekent.com](http://www.centerpeacekent.com)