

Core Bodyworks 200-Hour Yoga Teacher Training Application Form

Name _____

Address _____

City/State/Zip _____

Phone Cell _____ Home _____

E-Mail Address _____

Medical Information:

Do you have any ailments or physical limitations?

Have you had surgery within the last year?

Are you currently taking any prescription medications? If so, please list.

Are you pregnant? _____

Experience:

Other than your yoga practice, what other exercise programs do you participate in? How long?

What is your previous/current yoga experience? Please list the type of yoga/teacher/duration.

Do you have a home practice (yoga and/or meditation)? If so, please explain.

Are you educated in philosophy, physiology or anatomy? Please explain.

Are you experienced as a body worker (massage, chiropractic, physical therapy, etc.)? If so, please explain.

Please write a brief paragraph explaining why you would like to teach. If you are interested in deepening your personal practice and do not currently have a desire to teach, then please write a brief paragraph outlining what you wish to accomplish and how you feel this program will enhance your personal practice.

Please submit this application along with a \$100 deposit no later than 30 days prior to the start date of training.

This information contained in this application will be held in strict confidence.

Deposit and Refund Policy: A \$100 deposit is due 30 days prior to the start date of training. The tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. All tuition and fees paid by the applicant shall be refunded if requested within 5 business days of submitting application to the school. Once 5 business days have elapsed no refunds will be given. All refunds shall be returned within 30 days.

Signature of Student

Date

Signature of School (Core Bodyworks)

Date