

Instructor Training Application

Next Training Program: May 10, 2005 – July 12, 2005

Application Deadline: May 1, 2005, \$200 deposit required

200 Hour Yoga Intensive and Teacher Training Certification



Level One Basic Certification

Earn "Level One Basic Certification" from Yoga for Wellness and the Yoga Alliance. All classes are taught by Registered Yoga Teachers. Students must demonstrate both an understanding of the materials and the ability to teach a complete yoga class.

Overview

10-week program begins May 2005. This 200-hour program will serve both prospective teachers and students who wish to strengthen their own practice. We will explore classical asana instruction, teaching methodology, pranayama, yoga philosophy and meditation.

Tuition

Tuition for the 10-week program is \$1,800 and includes all classroom instruction, training materials and yoga classes. A non-refundable deposit of \$200 must accompany your application. Students who pay tuition in full by April 1, 2005 will receive a \$100 discount. In addition to the scheduled yoga classes included in the program, students may attend any yoga class offered at Yoga for Wellness during the 10-week training program free of charge.

Schedule

The next certification training program begins on Tuesday, May 10, 2005 and runs for ten weeks. Classes are held three times a week: Tuesday and Thursday evenings, 4:00 - 8:30 p.m. and all day Sunday (9:00 a.m. - 5:00 p.m.)

Please complete and return the application below.

Yoga for Wellness Teacher Training APPLICATION FORM

PLEASE PRINT CLEARLY OR TYPE

1. **PERSONAL INFORMATION:** Today's date _____
Name _____ Preferred name _____
Address _____ City, State, Zip _____
Phone (Home) _____ Phone (Business) _____
Fax _____ E-mail _____ Age _____
Web Site _____ Current Occupation _____

2. Why do you want to take this training, and what do you hope to gain?

3. What particular skills and qualities do you bring to this program?

4. Are you currently teaching yoga? _____ Number of classes per week _____
What tradition/style? _____
How long have you been teaching? _____

5. **YOGA EXPERIENCE:**

How long have you practiced yoga? _____
Describe your personal practice of yoga and how regularly you practice?

What style(s) of yoga have you practiced?

What style do you practice now? _____

6. **MEDITATION EXPERIENCE:**

How long have you practiced meditation? _____
Describe your personal practice of meditation and how often you practice

7. Please list other trainings you've taken and healing modalities you've studied, including self-awareness and personal growth work.

8. What does yoga mean to you and how has yoga changed your life?

9. How did you find out about this teacher training program?

10. HEALTH INFORMATION:

Under medical treatment or supervision for:

Pregnant: _____ months at time of program. Comments:

Chronic physical limitations/physical handicaps (i.e., vision, hearing, movement, etc.):

Serious illness or major surgery within the last 5 years (i.e., cancer, heart problems, etc.):

12. EMERGENCY CONTACTS:

In case of emergency, please contact:

Name: _____ Phone: _____

Physician: _____ Phone: _____

I hereby declare that the above information is true to the best of my knowledge. I understand that misrepresentation of this information is unethical and constitutes grounds for revocation of certification.

Signature _____ Date _____

(Application form continues with Payment Plan Agreement on next page.)

Yoga for Wellness Teacher Training PAYMENT PLAN AGREEMENT

Please submit this form with your application

Name _____

Address _____

Phone (Home) _____ (Work) _____

Fax _____

Email _____

CALCULATE PAYMENT:

Tuition: \$1800 – payable by check or money order only

Early Registration Discount: \$_____ (Deduct \$100 if paid in full by 4/1/05)

Deposit/Payment: \$_____ Minimum \$200.00 – **Non-refundable**

Check One: ____ Check ____ Money Order ____ Cash

Fill Balance Due: \$_____ (Due by May 1, 2005)

Choose a payment option below.

_____ **OPTION #1:** Pay the balance due in full on or before 4/1/05 and receive a \$100 discount.

_____ **OPTION #2:** Pay the balance due in full on or before 5/1/05.

_____ **OPTION #3:** Pay \$200 deposit on or before 5/1/05. The balance will be paid over four monthly payments. A \$12 processing fee will be added to each payment.

First Payment	5/1/05	\$400 + \$12 = \$412
Second Payment	6/1/05	\$400 + \$12 = \$412
Third Payment	7/1/05	\$400 + \$12 = \$412
Fourth Payment	7/12/05	\$410 + \$12 = \$412

Send checks/money orders (US \$) **payable to Yoga for Wellness** by the due dates listed above. For all options, a \$15 late fee will be charged for each payment that is received after the due date. All tuition must be paid in full before certification will be issued.

REFUND POLICY

\$200 of the entire program fee is non-refundable. Refunds to persons accepted into the program are as follows:

- If you withdraw before the program start date, your entire balance (less the \$200 deposit) will be refunded.
- On or after the program start date, there are **NO REFUNDS** and you are responsible for paying the entire balance.
- If you withdraw and are on a payment plan, you remain obligated to make all remaining payments for the **entire program**.

COMPLETION OF HOMEWORK AND CERTIFICATION REQUIREMENTS

Participating in the Yoga Teacher Training is a major commitment of time and energy for the director, the teachers, and the students. We can serve you better if you submit your completed homework by the due dates and complete the training requirements within the allotted 10 weeks. However, we understand that due to unforeseen circumstances, this isn't always possible. The homework and certification extension policies are as follows:

- Late or incomplete homework and/or course requirements must be completed and submitted in a timely manner. All required assignments must be completed for successful certification.
- Because certification is based on hours completed, every effort must be made to attend all scheduled classes. There will be an attendance record at every class. Missed classes must be made up for successful certification.
- **Incomplete Certification Requirements:** If you are unable to complete the certification requirements by the program end date, or are asked to complete additional work in order to receive certification, you may receive an extension through arrangement with the program director.

I have read, understand, and agree to the above terms and policies.

SIGNATURE _____ DATE _____

Send Application With Deposit To:

Mary Ahlbrandt
Executive Director
Yoga for Wellness
9767 Rhodus Street, Unit "C"
Conifer, Colorado 80433