

APPLICATION DEADLINE: September 22, 2011



APPLICATION FOR YOGA TEACHER TRAINING PROGRAM
January 20, 2012 – August 5, 2012

Contact Information (Terry Youngs)
6200 Pfeiffer Road, Cincinnati, Ohio 45242, USA
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Application, General Information, and Program Brochure are available for download at www.trihealthpavilion.com. Please download this application, complete and return to Terry Youngs by email, mail, or in person. All information provided will be treated in strict confidence. The Instructor and the Pavilion will review your application, contact you further if additional information is required and will notify you if you are accepted in the Yoga Teacher Training Program ("Program").

Program tuition \$2300 for members and \$2500 including the program manual. All applications must accompany a (non-refundable) deposit fee of \$200.00. In the event your application is not accepted, your deposit will be returned to you fully.

Personal Data:

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER: female [] male []

MAILING ADDRESS

CITY STATE COUNTY ZIP CODE

() _____ () _____ () _____
PHONE - home PHONE - work PHONE - cell E-MAIL

EMERGENCY CONTACT () _____ () _____ () _____
PHONE - home PHONE - work PHONE - cell

Education: Please indicate highest level of academic achievement, school or college attended, years of graduation along with subjects of major studies.

Major Subjects	Diploma or degree earned	Name of School	Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____

Professional skills/Aptitudes:

Skills/licensures Training Received Duration of course, Certificate, Diploma (if applicable)

Current employment/occupation: (If not engaged in work-force, please summarize your activities, including any volunteer work activities)

Current occupation/position Employer From To (dates)

Yoga Practice:

Practical experience: Please tell us about your current practice:

How long have you been practicing yoga? No. of years _____ Frequency _____

Yoga Classes:

Have you attended or Do you attend regular yoga classes? _____ For how long? _____

What style(s) of yoga do you practice? _____

Yogic Training/Workshops/Seminars/Retreats/Yoga centers: (List if self-trained, if so, what do you use for source/inspiration?. Include copies of Certificates, diplomas etc. as may apply)

Yoga Teaching Experience: (if any):

How long have you been teaching? _____ years, from _____ to _____ locations: _____

Average no. of classes per week: _____ Style(s) of Yoga taught _____

Yoga School attended/style/hours completed: _____

Describe your Fitness/Health/Medical/Psychological Conditions: (Explain if under care of a health-care professional, currently or within the last 12 months for nay physiological and/or mental conditions. List all prescribed medications (This will help us better address your special needs, if any) as well as any other health conditions of significance.

Legal Matters of Significance: (Please explain if you have ever been convicted of a felony or been arrested).

References: Please provide two references from any well established members of your community (excluding family members), preferably from established yoga teachers who can provide supportive statements of your mission.

Name: Professional Status Phone numbers

Name Professional Status Phone numbers

What inspired you to become a Yoga Teacher? (Feel free to provide as much detail as you wish, your goals for the future, your expectations etc. Use attachment if you need more space.

Fees: Amount paid \$ _____ Date of payment: _____ Balance due: _____ Installments

Method of Payment: Check/Credit card: _____

If Credit card Used: Mastercard [] Visa [] American Express [] Discover []

Card # _____ | _____ | _____ | _____

Please charge \$..... To my credit card. Expiration Date: ____ | ____

Name as it appears on card: _____

Signed: **Date:**

Email, mail, or present in person this completed application to;

terry_youngs@trihealthpavilion.com

TriHealth Pavilion (attn. Terry Youngs) 6200 Pfeiffer Road Cincinnati, Ohio 45242 USA

Namaste' : honoring the light within.