

APPLICATION DEADLINE: August 13<sup>th</sup>, 2010



**APPLICATION FOR YOGA TEACHER TRAINING PROGRAM**  
August 20<sup>th</sup> through December 5<sup>th</sup> 2010

Contact Information (Terry Youngs)  
6200 Pfeiffer Road, Cincinnati, Ohio 45242, USA  
Phone: 513-985-6742 Fax: 513-985-0918  
[terry\\_youngs@trihealthpavilion.com](mailto:terry_youngs@trihealthpavilion.com)

Application, General Information, and Program Brochure are available for download at [www.trihealthpavilion.com](http://www.trihealthpavilion.com). Please download this application, complete and return to Terry Youngs by mail or in person. All information provided will be treated in strict confidence. 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 is \$2,100.00 including all study material. Full Payments by August 2, 2010 shall qualify for a 5% discount. 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 \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_  
PHONE - home PHONE- work PHONE- cell

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

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**Professional skills/Aptitudes:**

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

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**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)

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**Yoga Practice:**

**Practical experience:** Please tell us about your current practice:

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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)

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**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 \_\_\_\_\_

**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.

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**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

**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: \_\_\_\_\_ Due By: August 13<sup>th</sup> 2010

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:** .....

**Mail or Present in Person Completed Application To Terry Youngs 6200 Pfeiffer Road, Cincinnati, Ohio 45242 USA**

