



APPLICATION FORM
Yoga Shanti Teacher Training
300-Hour In-Depth Program

Date: _____

PERSONAL/CONTACT INFORMATION

Name: _____

Address: _____

Day Phone: _____ Eve Phone: _____

Fax: _____ E-mail address: _____

Best time and way to reach you: _____

Gender: _____ Age: _____

Emergency Contact information:

Name: _____ Relationship: _____

Phone: _____ Alt Phone: _____

Please submit two photos with your application:

- one snapshot showing your face clearly
- one snapshot of you in trikonasa (triangle pose)

You must submit a deposit of \$250 with your application. Applications without payment of deposit will not be considered until deposit is received. Please submit your check made payable to Lisa Olsen Stewart and mail to the address below. We should have credit card payment set up soon!

Please submit your completed application to Lisa Stewart by e-mail, fax, or regular mail.
e-mail: lisas@yeeyoga.com fax: 575-751-1523 phone: 575-770-2379
mail: Lisa Olsen Stewart, 1041 Camino de la Serna, Taos, NM 87571

YOGA BACKGROUND

If additional space is needed, please feel free to use a separate sheet of paper.

1. How long have you been practicing yoga?

2. What styles of yoga have you studied and what style do you currently study?

3. Do you have a primary teacher? If so, how long have you been studying with her/him?

4. Do you have a daily asana, pranayama, and/or meditation practice? Please provide details.

5. What is the current focus of your practice? What are the current obstacles in your practice?

6. Do you currently teach yoga? If so, where? For how long?

7. If you are not currently teaching yoga, do you plan on teaching yoga in the future?

8. Have you studied any yoga philosophy?

INTEREST IN & GOALS FOR THIS PROGRAM

9. How did you hear about this program?

10. What attracted you to this particular program?

11. What are your goals/expectations for this teacher-training program?

OTHER

12. Please describe your educational background (degrees, institutions, locations, and dates), from high school to college and beyond.

13. Do you have First Aid/CPR certification?

14. What other related disciplines do you study/practice?

15. List any prescribed medications you're taking or significant medical treatment you're currently undergoing.

16. Is there anything we should know about your health, such as high or low blood pressure, diabetes or low blood sugar, epilepsy, heart problems, depression or anxiety, neck, back, shoulder, wrist, or knee injuries?

17. Are there any other limitations or challenges that you face, physical or otherwise, that you would like us to be aware of?

18. Please provide any additional information that you would like to share with us.

Application process:

Applications will be accepted until September 15. A limited number of students will be accepted, and admittance into the program will be granted in order of receipt of applications.

A \$250 deposit is required with application (this is non-refundable if you are accepted into the program). The deposit amount will be applied to your tuition.

You will be notified of your acceptance (or denial) into the program within two weeks of our receipt of your completed application.

Tuition: Early registration by July 15th, \$4500. After July 15th, \$4750.