
Name:

Address:

Phone:

Email:

Occupation:

Age:

Date of Birth:

Which program are you are applying for?

Please describe your experience with Integral Yoga:

Do you practice meditation regularly?

If so, since when?

How did you hear about the Integral Yoga Teacher Training Program?

Do you smoke, drink, use recreational drugs, or have other addictive behaviors?

It is thought that these behaviors interfere with the Yoga practices. Are you willing to work on letting them go?

Essay Question:

Please describe, in detail, those factors in your personal and spiritual background that have led you to apply for this program. Please indicate how you intend to use the knowledge gained here. Include any other information that you think might be useful. *(Please use the back or a separate sheet of paper)*

Health & Diet Information: *This information is being requested in order to serve both you and the Integral Yoga community better: Responses will be kept confidential.*

Are you vegetarian?

Do you have any diet restrictions?

Have you ever had, or do you currently have, any serious injury, illness, or disability? If so, please describe:

Do you have a history of depression or other psychological disorder? If so, please describe:

Are you taking any medications? If so, which ones?

In case of emergency, please notify:

Name: _____ Phone: _____

Payment for the training can be made on our website using MindBody Online. Or you can pay by check or cash at our reception desk.

Agreement

I wish to apply as a Teacher Trainee and I agree to assume full responsibility for any injuries to me that may occur during the training. I am in good health and any physical illnesses or ailments are clearly stated above.

Being accepted into this course does not guarantee that I will be certified to teach yoga or that I will teach at the Integral Yoga Institute.

I understand that the application fee is non-refundable; the tuition may be refunded up until two weeks after the training has begun, but after two weeks the tuition is non-refundable. I agree to pay the full tuition even if I drop out of the training.

Photo Release

I grant to the San Francisco Integral Yoga Institute and its representatives the right to take photographs/video/recordings of me and my property. I authorize the San Francisco Integral Yoga Institute, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree to all of the above,

Signature:

Date:

Please return your completed form to:

Integral Yoga Institute

770 Dolores Street

San Francisco, CA 94110

Or email it to: training@integrallyogasf.org