



Synergy Yoga Studio's
200 Hour Teacher Training Program
2011-2012

Application

Personal Information

Full Name _____

Preferred Name _____

Street Address _____

City _____ State _____ Zip _____

Primary Phone _____ (cell, home, work?)

Secondary Phone (If applicable) _____

Email _____

Date of Birth _____ Profession _____

How did you hear about our YTT (yoga teacher training) course?

When did you begin to study hatha yoga?

What yoga classes, seminars and workshops have you attended in the past two years? Please include the following: In what tradition or style, at what level (e.g. beginning, intermediate, advanced), the frequency and approximate hours per week, the name of teacher, and their training.

Describe your own personal hatha practice. Include the frequency, duration, and length of time you have been practicing hatha yoga.

List details of any previous yoga teachers training.

List and describe any hatha yoga teaching experience.

Briefly address each of the following questions on a separate piece of paper:

- How has yoga affected your life?
- Why do you want to become a certified hatha yoga teacher?

Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they occur during your training. Please note that none of your responses will exclude your acceptance into the program.

1. How would you evaluate your current health? (Excellent, Good, Fair, Some challenges)

2. Do you suffer from any of the conditions below?

Epilepsy? _____

Diabetes? _____

3. Are you pregnant or do you plan to become pregnant during the course of training? _____

4. Are you currently or during the last two years have you been under the care of a physician or mental health care professional? _____

5. Please list medications you are taking prescribed by your physician or mental health care professional. _____

6. Emergency Contact (name, relationship, phone number) _____

I understand that acceptance for attendance at Synergy Yoga Studio's Teacher Training program is at the sole discretion of Synergy Yoga Studio and will be determined based upon satisfactory completion of the applicable requirements, and Synergy's assessment of my general qualifications to teach yoga.

Signature _____

Date _____

Payment Information

A deposit must accompany your application in order to secure your space in the training. You may choose to pay the deposit or make full payment at this time (please circle choice below). Full payment or first payment (if on payment plan) is required no later than the start of the program. Synergy Yoga Studio accepts payment by cash, check, or credit card.

I am paying: FULL FEE FIRST PAYMENT or DEPOSIT ONLY

I am paying: CASH (DO NOT mail cash - call 804-747-9642 to schedule payment)

I am paying: CHECK Check # _____

I am paying: CREDIT CARD Visa MasterCard

Credit Card # _____ Exp. Date ____ / ____

Name as it appears on card _____ CCV # _____

Is your billing address the same as your mailing address? Yes No (enter billing address below)

My billing address is: _____

City _____ State _____ Zip _____

I hereby authorize the above payment of \$ _____

Full Name _____

Signature _____ Date _____

Application Process

There are three ways to submit your application

1. Mail completed application to:

Synergy Yoga Studio
Attn: Karen Pace
11000 Three Chopt Road, Suite G
Richmond, Va 23233

OR

2. Scan the completed application as a PDF doc and return it as an email attachment to :

info@synergyyogastudio.com

OR

3. Drop off the completed application in person at Synergy Yoga Studio.

Each applicant will be contacted to discuss their individual needs and expectations and to answer any other questions. Thank you.