

200 Hour International Yoga Teacher Training Application

Thank you for your interest in our 200 Hour International Yoga Teacher Training. Please read the Information Packet which outlines the expectations of each module of the program before completing the application process. If you have any questions, feel free to email info@inspiritusyoga.com, or you may call 480-250-5867 in the US or 306-270-8638 in Canada.

Application process:
Review the Information Packet, including module expectations and required homework.
Complete this Application Form and submit via email to info@inspiritusyoga.com .
Pay \$200 non-refundable application fee (will be applied toward tuition).
Meet with Trainer to go over details of program – in-person, Skype, or Zoompreferred.
 Read and sign our Statement of Commitment and Waiver Release forms (will be provided following prior to start date).
Submit payment at least one week prior to startdate.
I am applying as a candidate for the following:
Inspirational Yoga Teacher (CYT) Christ-Centered Yoga Teacher (CCYT)
Location preference for any in-person training:
Phoenix, AZ Detroit, MI SK, Canada

Tuition:

The cost of tuition is \$500 for the Level 1 Workshop & Certification and \$1399 for the 200 Hour Yoga Teacher Training. A \$200 non-refundable fee is due with your application, and will be applied toward tuition. Payments can be broken up into two or three payments, as arranged with Training Division Leader.

An electronic version of the training manual is included in the cost of tuition. You may print training materials at your own expense. The cost of travel and meals (if applicable) the required reading materials are not included in the cost of tuition, and are the responsibility of the participant.

Please refer to the Statement of Commitment for payment information and cancellation/refund policy. If payment arrangements are needed, please email info@inspiritusyoga.com.

Application Form

Name	Preferred Name
Address	City, State, Zip
Email Address	Best Phone
Emergency Contact/Relationship	Emergency Contact Phone/Email
. .	tions as completely as possible. You may attach a arate page if needed.
How did you find out about our program?	
Your occupation:	
How long have you practiced yoga?	
What is the most rewarding aspect of you	ır yoga practice?
	our yoga practice?
Describe yoga experience, styles practice	ed, and any previous training:
Describe any yoga or related teaching exp	perience:
What do you plan to do with your certifica	tion?
Do you feel you have been called into a te	eaching or leadership role in your life? Please explain.
	ating in the program?

Why have you chosen to do our program and/or what about our program appeals to you?	
Please describe where you presently are in your spiritu	al journey. Use separate page if neede
ealth Information:	
lease state any medical limitations or current medical or ight limit your ability to fully participate in a yoga teach	

Have you experienced any of the following (check be	oox if Yes)?
High blood pressure	
Diabetes	
Heart conditions	
Respiratory conditions	
Bone or joint conditions	
Retna problems or Glaucoma	
Back pain or injury	
Communicable disease	
Addiction	
Diagnosed mental-health condition	
Seizures or strokes	
Physical disability	
Are you currently pregnant? Due date:	_
Have you recently had a baby? Delivery date:	
If yes to either of the above, have you been cleared for p	hysical activity?
Criminal Background:	
Have you ever been convicted of a felony?	
Have you ever been incarcerated?	
If you checked "Yes" for any of the above, please explain:	
Acknowledgement:	
I certify that I am at least 18 years of age and am physically a teacher training program. I acknowledge that all information and accurate. I understand that incomplete or inaccurate info acceptance or dismissal from the program. I acknowledge the packet, admissions criteria, and cancellation/refund policy.	submitted in this application is true ormation may result in my non-
Signature (please type if electronic)	Date
Printed Name	