



Open Sky

Y o g a C e n t e r

# Essential Yoga Teacher Training™ Application 2017

Date \_\_\_\_\_

Home phone \_\_\_\_\_

Name \_\_\_\_\_

Work phone \_\_\_\_\_

Mailing address \_\_\_\_\_

Cell phone \_\_\_\_\_

\_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_

Profession \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_

\_\_\_\_\_

Gender \_\_\_\_\_

Education: *Include high school, college, post-graduate work, names of schools, degrees, majors, minors and any other education that would provide a background for this training (i.e. chiropractic, medical, massage, anatomy, etc.).* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years have you been practicing yoga? \_\_\_\_\_

\_\_\_\_\_

Please describe any other yoga experience you have, including other teacher trainings. *Include specific systems, teachers and length of study with each.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your home practice. Include how often, duration, and for how many years you have maintained this home practice.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you practice meditation? If yes, how often? For how long? \_\_\_\_\_

\_\_\_\_\_

Do you currently teach yoga? Where and what style? \_\_\_\_\_

Do you have any physical injuries or medical conditions? If yes, please describe. \_\_\_\_\_

Please list treatments or medications for all of the above conditions. \_\_\_\_\_

Why do you practice yoga? \_\_\_\_\_

Why are you interested in this particular training? \_\_\_\_\_

Please include the following with your application:

Two letters of recommendation, one from your yoga teacher, one from employer or mentor

One recent photo. Headshot or casual snapshot are fine.

\$50 non-refundable application fee.

If your application is accepted, a \$500 deposit will reserve your space. The remaining balance of \$2750 is due by January 1, 2017.

You may pay by check or credit card (Visa or Mastercard). Send checks to:

Open Sky Yoga Center

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7 Arnold Park

www.openskyyoga.com

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