

APPLICATION INSTRUCTIONS – TRIANGLE YOGA

The YogaWorks Teacher Training programs include a vigorous two-hour asana practice. We strongly recommend that applicants have one year of consistent asana practice. If your yoga practice does not meet those criteria, please provide us with an explanation on a separate sheet of paper.

Application Deadlines

To process your application, please send your complete application no later than one week prior to the program start date. However, enrollment is limited, so we recommend that you submit your application no later than the early registration deadline. We may accept last minute applications only if there is space in the program.

Be sure to complete the following documents when submitting your application:

200-hour Teacher Training program application requirements:

- Primary Application
- Payment Information & Program Participation Agreement
- Recommendation Form - *The recommendation form can be approved by either a teacher you are currently studying with, or by a YogaWorks instructor the day of the scheduled free master class/info session.*

→ **To reserve your place in the training, you must submit the complete application along with a minimum \$500 deposit. If including a check, please make payable to “YogaWorks Teacher Training”.**

You have three options for submitting your completed application:

1. Email info@triangle yoga.com and attach your application. Please title your subject line “Application for YW TT.”
2. Fax your application to (919) 968-9642, with a cover letter reading “ATTN: teacher training”
3. Mail it to: **Triangle Yoga** c/o Tracy Bogart; 930 Martin Luther King Jr. Blvd; Chapel Hill, NC 27514
4. Drop your application and deposit in an envelope at the front desk of **Triangle Yoga**. Please write on the top of your envelope **Attention: Tracy Bogart, teacher training.**

This page is a checklist included to help you with the application process and **DOES NOT** need to be submitted along with your application.

Thank you!

200-HOUR TEACHER TRAINING APPLICATION

TRIANGLE YOGA

Personal Information

Name _____ Today's Date (M/D/YYYY) _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____ Occupation _____

Emergency Contact:

Name	Phone	Relationship
_____	_____	_____

Start date of training you are applying for (MM/YYYY): June 21 – July 16, 2010

Program Format:

4-Week Intensive Format

Location:

Triangle Yoga, Chapel Hill, NC _____

How did you first learn about the YogaWorks Teacher Training program?

I practice at Triangle Yoga

Internet Search

My yoga teacher recommended it

Yoga Journal Advertisement

I was referred by: _____

Friend

Facebook Ad

Other: _____

Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program.

1. How would you evaluate your current health?

Excellent

Good

Fair

Some challenges (Briefly describe) _____

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

Epilepsy

Diabetes

Pregnant, plan to become pregnant during the course of the training

No, I do not suffer from the above conditions to my knowledge

3. Please list medications you are taking that were prescribed to you by a health care professional:

4. Is there anything else we should know about your medical history?

About You

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and clear as possible. Do not fear answering NO.

1. How long have you been practicing yoga? _____
2. How many days per week do you practice yoga? _____
3. What style of yoga do you usually practice? _____
4. At which yoga studios do you currently practice? _____
5. Do you have a home practice? Yes No
6. Who have been your primary teachers, both past and present? _____
7. Do you practice meditation and/or pranayama? Yes No
8. What area of yoga challenges you the most? (Please specify)

9. Do you practice inversions? Yes No
10. Do you practice Surya Namaskar (Sun Salutation) A & B? Yes No
11. Do you practice chaturanga Yes No
12. Is this your first training?
 Yes
 No If no, please list prior trainings: _____
13. Are you currently teaching yoga?
 No
 Yes. If yes, for how many years have you been teaching? Where do you currently teach?

14. In your opinion, what qualities embody a good yoga teacher? Why?
15. Why do you want to take a YogaWorks Teacher Training program?

16. **What are your expectations for this training? What do you hope to achieve at the completion of the program?**

PAYMENT INFORMATION

\$500 non-refundable deposit is due with your application. Full payment is required no later than the start of the program. Your payment is due in full by the early registration date in order to receive the discounted rate and to receive your teacher training books.

I am paying by check. Please mail the check with your application to the appropriate address on the **Application Instruction** page. **Please include driver's license number, State and expiration date on the front of you check, payable to **YogaWorks Teacher Training**.*

I am paying by credit card . MasterCard Visa American Express
Credit Card # _____ Expiration Date _____
Name as it appears on the card: _____

Is your billing information the same as your mailing address?

Yes

No. My billing address is: _____

City

State

Zip Code

I hereby authorize the above payment of \$ _____

Please initial: _____

I understand that if I fulfill all the requirements of the YogaWorks Teacher Training, including in-class hours, homework, quizzes and final exam, I will receive a letter of completion, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 200-hour Teacher Training program.

I understand that YogaWorks reserves the right to ask me to leave the program if my behavior is inappropriate, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.

I understand that if I cancel 14 days prior to the start of the training, my deposit may be transferred toward a future Teacher Training and will be refunded my remaining balance. If I cancel within 14 days of the start of the training, I will forfeit my \$500 deposit but my remaining balance will be refunded. Once the program begins, tuition is non-refundable and non-transferable.

I understand that all YogaWorks Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

I have read and accept the above terms and requirements: Yes No

RECOMMENDATION FORM – TRIANGLE YOGA

Please fill out the Applicant Information section and submit form to a teacher with whom you have studied and who can attest to your experience practicing yoga. **You can also have this form signed off by a YogaWorks Teacher Trainer at our Free Master Class/Information Session.**

Applicant Information

Applicant's Name _____

Program applicant is applying for

200-Hour Teacher Training Program

Training Start Date June 21 – July 16, 2010

Location of Training Triangle Yoga, Chapel Hill, NC

Recommending Teacher Information

To the recommending Teacher:

The candidate above is applying for the YogaWorks 200-hour Teacher Training program which includes a vigorous two-hour asana practice.

Recommending Teacher's Name _____

Teacher's Phone Number _____

Teacher's Email _____

Is this student consistent in his/her practice? Yes No

Can this student straighten the arms in Downward Facing Dog? Yes No

Does this student practice inversions? Yes No

1. Briefly describe how long and in what capacity have you known the applicant?

2. Briefly describe if you would recommend this applicant for YogaWorks Teacher Training program? Why or why not?

3. Please indicate your overall endorsement of the applicant.

- Highly recommend
 Recommend
 Recommend with reservations
 Not recommend

Recommending Teacher's Signature _____

Date (M/D/YYYY): _____

Thank you for your input! Please complete the attached form and fax to: (919) 968-9642
Attention: Tracy Bogart