

Raleigh NC Yoga, LLC. Teacher Training Application

Name				
Address	_ City	State	Zip	
Email	Phone Day/Eve _		/	
Date of Birth:// Occupation:				
List all physical injuries or body limitation	ns.			
What do you hope to learn in this course?				
Emergency Contact	Phone			
• This program requires a 200-hour	certificate that m	eets the req	uirements of t	he Yoga Alliance.
We believe that Yoga should be accessible Teacher Training as low as it is: \$2,199.00 the course will be \$500. If you need to work out a payment pla) (Early Bird Speci	ial). \$2500 a		
Payment plans may be available.				
Make-Up Policy: Students must make up hours missed in t private lessons or attendance in coursewo assigned an advisor to determine the best may be incurred. Certificates are issued w	ork that is compati way to make up tl	ible with the hese hours a	hours missed and discuss ad	l. Each student is
Applicant's Signature	I)ate		
Director of Teacher Training		_ Date		

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