



Registered Yoga Teacher



Registered Yoga School

# YOGA CENTER FOR HEALTHY LIVING, LLC YOGA SCHOOL APPLICATION

RYS 200 \_\_\_\_\_ RYS 500 \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Emergency Contact Info: (Name AND phone): \_\_\_\_\_

Occupation:

Marital Status:

List References of 3 people (and their contact phone numbers) WHO SUPPORT YOUR PURSUIT of this Teachers' Training:

How is your Health? List anything that could keep you from completing this Training:

List medications you are taking, and medical conditions/concerns you have:

Are you presently practicing yoga?

What do you LOVE / LIKE about yoga?

With whom do you study?

What styles of yoga do you most enjoy? why?

What areas of yoga do you feel most drawn to, and why?

What motivates you to apply to the YOGA CENTER'S TEACHERS' TRAINING PROGRAM?

What do you expect of yourself throughout this intense YOGIC JOURNEY?

PLEASE COMPLETE THIS APPLICATION, and:

Submit application, and a \$225 deposit fee (which will be deducted from the course cost).  
Either mail (4437 Old US 23, Brighton 48114) or drop off this application and deposit; an interview will be scheduled with you to determine admission to our YOGA SCHOOL.

Tuition Schedule of payments:

Once accepted into our Yoga Teachers' Training Program, \$2,375. will be paid to the YOGA CENTER FOR HEALTHY LIVING (cash, check or credit card); if paid in full by December 10th.....payment plans are available, to assist you, if need be, for an additional \$100. fee) (Please note: books are an additional expense, discounted 25% in YC Boutique)