



SEATTLE YOGA ARTS

ADVANCED STUDIES PROGRAMS

APPLICATION FOR 2017 200-HOUR YOGA TEACHER TRAINING

Name _____ Today's Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Your answers will be read only by our core faculty: Denise, Amy, Bianca, and Beth.

How long have you been practicing yoga? _____

Have you taken at least 5 classes at SYA? _____ YES _____ NO

Have you taken public classes for at least a year? _____ YES _____ NO

What methods have you studied and/or practiced? _____

Do you have any physical limitations or medical conditions that could affect your involvement in the program? Please describe. _____

What is your current occupation? _____

Do you have a regular home asana or meditation practice? _____

Do you currently teach yoga? If so, describe style, where you teach, how many classes per week.

What brings you to this program and what are your personal expectations for this program?

ENCLOSE NONREFUNDABLE DEPOSIT PAYMENT OF \$200

_____ Check enclosed. Mail to address below.

_____ Paying with credit card. (MasterCard or Visa only: Circle one)

Credit Card # _____ Exp Date _____ Code on Back _____

Billing address if not same as your mailing address _____

Please sign here to authorize us to charge your credit card for \$200. _____

(Pay only the \$200 application deposit now. We'll let you know within 10 days if you've been accepted into the training; you can make further payments then. If you are NOT accepted, deposit will be refunded.)