Teacher Training Application

I am applying for:

* 200-Hour Teacher Training Program
* 300-Hour Teacher Training Program

Name:

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_

Same as mailing address?

* Yes
* No

If No – complete mailing address below

Mailing Address:

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(s)

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about the Mandala Yoga Center Teacher training program?

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How long have you been practicing yoga?

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How did you begin your practice of yoga?

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List your primary instructors, past and present:

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

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How often do you attend yoga classes outside of your personal practice?

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Describe your personal practice, if any: how often, time you dedicate to the practice, nature of the practice (what do you practice?), aspects of the practice, asana, meditation, pranayama…

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Do you have any physical limitations or injuries? – Describe here:

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Do you have a health care practitioner you see for the above or other conditions not noted here? Please describe:

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Why do you practice Yoga? What has it done for you?

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Share your reasons for requesting enrollment into this program?

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If you are a 200-Hour yoga teacher or graduate of another yoga training school please share the details below:

Name and location of school – and hours of study

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Date of graduation or completion; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and phone number of primary contact at that school

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If you currently teach Yoga or have taught yoga in the past please answer the following:

Where do you, or did you, teach yoga?

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How long have you been teaching?

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How many classes and hours a week do you teach? Describe the style of yoga you teach.

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Are you Yoga Alliance RYT (registered yoga teacher? DO you have other designations? Please list them.

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Please acknowledge your understanding of the following statements:

* I understand that acceptance into the Mandala Yoga Center training program is contingent on a personal interview with the Director of the program and that I am responsible for calling Mandala Yoga Center to arrange for this interview. 910-325-3600
* I understand that the application includes a non-refundable application fee of $25 regardless of whether the application is accepted or interview is scheduled.

Total application fee:

$25.00

Please check how you would like to pay the non-refundable application fee.

* Online – Select Yoga training application fee
* Instore purchase
* I have pre-paid the application fee already at Mandala Yoga center.

Please acknowledge you have read the following:

* Overview and schedule of classes including guidelines for attendance, policies and requirements.

Signed

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

Printed Name

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

Date

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