



GLOBAL SOUL YOGA TEACHER TRAINING APPLICATION

APPLICANT INFORMATION

Name:		
Email:	Phone:	
Address:		
City:	State:	ZIP Code:
DOB:	Application Date:	

EMERGENCY CONTACT INFORMATION

Name:	
Relationship:	Phone:
Health History – What, if any, pre-existing injuries or health conditions do you have that may affect your ability to participate in the program? (Please list any pertinent information in case of emergency, this information will only be shared in such case):	

ENROLLMENT INFORMATION

How did you hear about our training program?
Where do you currently practice yoga?
How long have you practiced yoga? What styles?
Are you currently a yoga teacher/have you obtained a certificate before? If yes, which styles/through which school?
Do you have any conflicts with scheduled training dates? If so, which dates/times and why?
What is the main reason you want to participate in this program? Do you plan to teach yoga?

DISCLAIMER & SIGNATURE

Complete and email application to piper@globalsoulyoga.com. Please submit your \$500 deposit (or full tuition) the same day as application.

Please initial next to each disclaimer:

_____ Deposits and tuition are non-refundable (unless not accepted into the Teacher Training program).

_____ Tuition is due in full by the applicable early-enrollment or final-enrollment deadline.

_____ Required reading and Yoga Alliance registration are not included in tuition.

Signature of applicant:	Date:
Printed Name:	