



## Live Your Yoga & Teacher Training Program Application

*September 2011-May 2012*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment Plan: \_\_\_\_\_ \$2200 Paid in Full (\$250 non-refundable/non-transferrable) with Application  
(check one) \_\_\_\_\_ \$500 Deposit (\$250 non-refundable/non-transferrable) with Application;  
and 5 Payments of \$400 due prior to each of the first 5 weekends

Please initial: \_\_\_\_\_ I have read and accept the Cancellation Policy

What is your profession?

What is your current state of health? List all health ailments, if any.

Do you have any injuries? Please describe.

Are you currently on any medications? If so which ones and what for?



Name: \_\_\_\_\_

Do you currently see a therapist?

Describe your yoga experience and current practice? Include how long you have been practicing, with who, and any teaching experience.

What is your intention for applying for this program?

How will you make the time for a daily practice?

What are your biggest challenges in life?

How will you meet the financial requirements?

How is your diet and how do you feel about it?

Is there anything else you would like to share, or any further questions or concerns?

**Please mail or hand-deliver original Application & Payment to (if payment by credit card, please come in or call):**

**Yoga Garden \* 101 E. Chatham Street \* Apex \* NC \* 27502 \* 919-267-9264**  
**[www.yogagardennc.com](http://www.yogagardennc.com) \* [info@yogagardennc.com](mailto:info@yogagardennc.com)**