



Living Yoga Program, LLC (Teacher Training Program) Application

GENERAL INSTRUCTIONS

Use **Boldface** type with a minimum font of 11 point, or print neatly if hand writing.

Submit your completed Application either by Email, postal mail, or fax.

Email: Ellen B. Smith at ebsmith@livingyogaprogram.com.

Postal Mail: Living Yoga Program, 8206 Stillwood Lane, Austin, Texas 78757-7635

Fax: 815.346.5837

Contact Ellen Smith with questions: ebsmith@livingyogaprogram.com or 512-266-7926 (voice mail line).

Today's Date:

Name: Male Female Age.....

Date of Birth:

Address:.....

City/State/Zip:

Telephone (BEST): (Work):

E-mail:

<p>Non-refundable, one-time application fee \$150</p> <p><input type="checkbox"/> I have pre-paid my application fee using <i>PayPal</i> from the Living Yoga Program website link. http://livingyogaprogram.com/payments.htm</p> <p><input type="checkbox"/> I am enclosing a personal check or money order payable to <i>Living Yoga Program</i>. Mailing Address: 8206 Stillwood Lane, Austin Tx 78757-7635</p>	<p><input type="checkbox"/> I would like the LYP staff to charge my credit card. Initial authorization here _____</p> <p>Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <i>(Sorry, but we do not take American Express)</i></p> <p>Expiration Date: ____ ____ / ____ ____ (Month/Year)</p> <p>Credit Card # (Please print large and neatly) ____ ____ ____ ____ / ____ ____ ____ ____ ____ ____ ____ ____ / ____ ____ ____ ____</p> <p>Signature for Credit Card: (type signature if submitting by email) _____</p>
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Submit your replies to the following questions. Feel free to use additional pages or enlarge the spaces below to type your answers here. *Please, be thoughtful and thorough with your answers.*

1. A description of your background in Hatha yoga, including styles you have tried, workshops, etc...
2. How long have you been practicing yoga?
3. Have you studied any of the other Limbs of Yoga (Yamas and Niyamas, Pranayama, Meditation, etc...)?
4. Why do you want to take our training program?

5. How would you utilize a yoga teacher certification? You are welcome to attend our program to deepen your yogic studies with no intention of teaching or becoming certified.
6. Do you have certifications or degrees in other areas? If so, what are they?
7. Do you have a personal yoga practice? If so, please tell us what it consists of.
8. Do you have a significant illness or injury that impacts your practice? If so, please tell us about them, including any contraindications/recommendations made by your physician.
9. Please tell us about you: family, occupation, pets, college/degrees, hobbies, goals, and any other information you would like for us to know.
10. In one sentence, tell us one *unique* or *special* thing about you. Important: *please do not reveal your answer to others in your Module 1 group until we tell you to share your sentence.*
11. Do you have any concerns or comments about participating in the program? If so, we are happy to address them.
12. How did you hear about the training? Please check below:
 - Internet, if so which web site? _____
 - Yoga Journal* magazine *Yoga International* magazine *Yoga+ Joyful Living* magazine
 - from a teacher /friend (*please provide his/her name & email address*) _____
 - other (please specify) _____

Thank you! Please submit your application along with your course Registration form (if you know what course you want to start with). Allow 7 business days for processing.