

INTEGRAL YOGA®
BASIC HATHA YOGA TEACHER TRAINING AT SHANTI OM YOGA
APPLICATION LETTER

PLEASE NOTE: The application form consists of four pages. Your application will be processed upon receipt of all four completed pages. Please use additional sheets of paper, if necessary.

NAME _____ (Name you prefer to be called, if different) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

PHONE# home: _____ cell: _____ work: _____

E-MAIL ADDRESS _____

AGE _____ MONTH/DAY/YEAR OF BIRTH _____ Gender M _____ F _____

MARITAL STATUS _____

OCCUPATION _____

Level of your personal Hatha Yoga practice: Hatha I Hatha II Hatha III

Level of your personal meditation practice: Beginner Experienced

Please tell us where you heard about us: (Friend, Internet, Integral Yoga, yoga teacher, etc.)

**PAYMENT DETAILS FOR
BASIC HATHA YOGA TEACHER TRAINING**

TUITION

Tuition for the Basic Teacher Training Course is \$2,750. This includes all instruction, texts, accommodation and food at the retreat on the coast, and breakfast and snacks during the Portland-based training sessions.

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS

OPTION 1:

I am enclosing **payment in full for tuition**

\$ _____

OPTION 2:

I am enclosing **\$500 initial payment, and I agree to pay in full by May 3, 2016.**

Signature _____

Check enclosed payable to Shanti Om Yoga.

Please charge full payment/initial payment to my credit card below.

Visa

MasterCard

Acct. No. _____ Exp.

Date _____

Name on Credit Card _____

Signature _____

Please answer the following questions. Use additional sheets of paper if necessary.

1) Describe your current regular Hatha Yoga practice and include how long you have been practicing this way. (*Prerequisite: regular practitioner of Hatha Yoga for at least six months*)

2) Have you taken Hatha Yoga classes at an Integral Yoga Institute, or Teaching Center, or from an Integral Yoga teacher? If so, where and when?

3) Please describe any Integral Yoga programs or Integral Yoga retreats you have participated in.

4) What other types of Yoga classes and practices have you participated in?

5) Do you have a regular meditation practice? If so, please describe when you began the practice and what it consists of.

6) Please briefly describe your educational and/or occupational background.

7) Please briefly describe your personal and spiritual background and what has inspired you to apply for this teacher training program.

EMERGENCY CONTACTS

In case of emergency, please contact:

Name _____

phone #

My relationship to the person above:

Physician _____ phone #

Therapist _____ phone #

AGREEMENT

I wish to learn the teachings of Sri Swami Satchidananda and experience the yogic way of life as taught by Satchidananda through Shanti Om Yoga Teacher Training. I certify that I am in good health and have no physical or mental ailments, except as may be indicated on this application. I further agree to assume full responsibility for any injuries or damages that might occur to me or my property during my teacher training at Shanti Om Yoga.

Signature _____

Date _____