

200 Hour SaKula Yoga Studio Teacher Training Application.

Must be 18 years or older and have 6 months of yoga practice. Please fill out this application and include your \$150 deposit and YTT application by September 1 to Sharon Hong at Sakula Yoga Studio address. This is to secure your spot. Instructions for payment information will be email separately
Please make check payable: Sharon Hong and memo: YTT deposit

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Occupation: _____

Relationship Status: _____ # of Children: _____

Phone # (Home): _____ Phone # (Cell): _____

E-Mail Address: _____

Emergency contact and phone #: _____

Please Note: If you need to elaborate on any of the questions that follow, feel free to continue on a separate sheet of paper.

1. How long have you been practicing Yoga and how often?
2. What style of Yoga do you primarily practice and where?
3. How has Yoga affected your life? Please include physical, emotional, mental and spiritual aspects.

4. Do you have certifications in any other areas? (Fitness, massage, education teacher, yoga...etc.)

5. How did you hear about this training program?

6. What draws you to this training?

7. Please tell us about your health: injuries, conditions, allergies, medications, illnesses or anything else that might impact you, your practice and preparation of teaching?

8. Are you allergic to oils, lotions, or incense? No/Yes. If yes, please explain.

9. Are you under any medical supervision either physically and/or mentally? No/Yes. If yes, have you cleared your participation with your doctor?

10. Are you comfortable with giving and receiving hands-on adjustments and assists during training? No/Yes. If no, please explain.

11. Do you have any concerns or comments that you feel would be important for us to know?

After receiving training information and schedule, I am aware of the commitment of this program physically, mentally, emotionally and spiritually. By signing below, I feel fully prepared to participate and all information above is true. Also, in signing below I take full responsibility for myself during all parts of SaKula Yoga Teacher Training and release Sharon J. Hong, any guest instructors and SaKula Yoga Studio from any liability. I am over 18 years of age to participate.

Signature: _____ Today's Date: _____

Print name: _____