

## **Porters Neck Teacher Training Yoga Teacher Training Application, RYT200**

The directors of the program will review applications, and review admission.

***In order to be enrolled in the program please***

1. Complete the application
2. Send in \$300 deposit to secure your space (this will be deducted from your total- this is nonrefundable, and is due by January 31, 2019)
3. You can pay all at once (***Early Bird Special is \$2100, this is due by 1/31/2019***) ***The Total Cost of Program is \$2100- \$300 deposit paid) \$1800 due by 1/31/19***
4. If doing payments, \$300 is due by 1/15/2019, The total amount of the training with payments is \$2500. \$315 is due each weekend we meet (weekends 1-7)

3. If using a payment plan please enter your information below..

cc# \_\_\_\_\_ exp. \_\_\_\_\_ cv2

code on back of card \_\_\_\_\_ Billing zip code \_\_\_\_\_

***Your credit card will be run the first day of the training every month for the denoted monthly fee (aka. The Friday Morning of each Weekend listed below )***

If MYCAA applicable, just note and more information will be given to you

( please check [www.militaryonesource.com](http://www.militaryonesource.com))

**Note about Refunds and Cancellations: Your deposit is nonrefundable. If you decide that you did not want to attend/or complete the training, you will not receive it back, we will, however, allow you to use it towards a future training. If you have paid in full, and attended a weekend with us (Weekend 1 or beyond) and decided not to complete, your teacher training payment will not be returned, but you will have the option of applying it to an upcoming training to complete. If you are making payments, and decide not to complete the course, your deposit, nor the months paid will be returned to you. Please remember that you must complete ALL 7 WEEKENDS in order to be given a certificate of graduation. This is what you will submit to Yoga Alliance to receive your RYT200 ( Registered Yoga Teacher 200hr Level of Recognition)**

Signature of Acknowledgment \_\_\_\_\_

Weekends of training:

#1 February 15-17, 2019

#2 March 1-3, 2019

#3 March 22-24, 2019

#4 April 12-13, 2019

#5 May 3-5, 2019

#6 June 7-9, 2019

#7 June 28-30, 2019-  
Graduation

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

**Questions about you!**

1. How did you learn about our program?

2 How long of you been studying yoga/philosophy/etc.?

3. What has been your previous styles of yoga? Who is your regular teacher and length of time with them?

4. Please list any existing physical conditions that may affect your practice?

5. What is your anatomy background? Do you have any experience with Pilates, massage or therapy?

6. Do you currently teach yoga? What style?

7. What is your vision of how you will bring yoga to the world?

8.How often do you feel upset or irritated?

9.What do you hope to gain from this program?

10.What is your experience with stress, management and meditation?

11.Describe your wellness program

12.Describe your diet and your digestion.

13.Do you have chronic tension?

14.Describe your posture.

15.What kind of work do you do?

16.How does your body feel while you are working?

17.What is your exercise program?

18.What do you do to release stress and relax

19.Describe any chronic conditions you have and any accidents you have had

20. Describe your current health challenges

21. Please list your current health care network (western or alternative medicine)

22. Please list any prescription or nonprescription drugs you are taking and what you are taking them for

23. Do you have a regular schedule?

24. Do you ever notice agitation with your breath?

25. Have you ever smoked before?

26. Describe your energy... low, medium or high?

27. Is your energy stable or quite variable?

28. Describe your sleeping patterns/ do you get tired throughout the day?

29. What triggers your stress in your life?

30. What do you find effective for releasing stress?

31. Do you experience depression/anxiety?

32. What emotions do you have difficulty with?

33. Are personal relationships nurturing and supportive?

34. Is your career nurturing and supportive?

35. What are the main life issues you are dealing with right now?

36. What losses have you suffered in your life?

37. Do you have a support team?

38. Are there any patterns in your life that keep repeating themselves?

39. What Habits would you like to change?

40. Do you get the big picture or do you feel stuck?

41. How do you describe the spiritual dimension of your life?

42. What do you consider the most important thing in your life?

43. Do you feel like you have a mission or vocation in your life?

44. If so, how are you fulfilling it?

45. Please add anything else.....

Signature \_\_\_\_\_ Date \_\_\_\_\_