

#### **Yoga Teacher Training Application Questionnaire**

Thank you for your interest in our Yoga Alliance RYT200 Yoga Teacher Certification Course! Please take a few moments to thoughtfully complete the following questionnaire. Your answers will help us understand your background, intentions, and goals, ensuring that this training aligns with your aspirations and readiness for the program.

# **Application Process**

Acceptance is on a first come, first served basis. Please complete and submit the following form. For those accepted, a non-refundable deposit of \$750 is due with their acceptance into the program. Those admitted to the program will receive acceptance within two weeks of their application.

# Teacher Training Refund and Cancellation Policy

Upon receiving an acceptance email, the applicant will be charged a deposit of 50% of the tuition price on their credit card. Final invoices will be emailed four weeks before the start date of training. The deadline to pay in full is two weeks prior to the start date of training.

If applicant withdraws from the program after acceptance, but before the program starts, 50% of the applicant's deposit amount will be retained by the program, and this amount can be applied towards a future training program. The program will not give any refunds or credits after the training starts, but in cases of emergency the full tuition amount can be applied to future teacher training programs. The program reserves the right to cancel any training before it begins, in which case the tuition amount paid will be refunded

## Certificate Requirements

In order to receive your certificate you must attend all classes and complete the homework requirements. If you must miss a portion of the training, arrangements may be made for make-up hours with the lead trainer. Private training fees may apply. All sessions will also be recorded so you may catch up on your own time if needed.

#### **Personal Information**

1. ]	Full Name:	
2. ]	Date of Birth:	
3. ]	Email Address:	
4. ]	Phone Number:	
5. ]	Emergency Contact Name:	Phone:
<b>6.</b> ]	How did you learn about this training?	
[	☐ Friend/Family Member	
I	☐ Website	
I	☐ Flyer/Marketing Materials	
I	☐ Social Media – Please Specify Which:	
[	☐ Other - Please Specify Which:	



### Yoga Practice Background

	How long have you been practicing yoga?
	☐ Less than 1 year
	$\Box$ 1–3 years
	$\square$ 3–5 years
	☐ More than 5 years
8	How often do you currently practice yoga?
	☐ Less than once a week
	□ 1–2 times per week
	□ 3–4 times per week
	□ 5 or more times per week
9	What styles of yoga are you familiar with? (Check all that apply)
	□ Hatha
	□ Vinyasa
	□ Ashtanga
	□ Yin
	□ Restorative
	□ Kundalini
	□ Bikram/Hot Yoga
	□ Other:
10	Do you have a preferred yoga style? If yes, please share why.
11	Have you studied yoga with any particular teachers or at specific studios? If yes, please describe
	your experience.
	your experience.
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email to aliya@peacemindandbody.com

Health a	and	Well	lness
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Signat	ure: Date:					
unders the trai	ning below, I affirm that the information provided is accurate to the best of my knowledge. I tand that participation in the program requires commitment and active engagement in all aspects of ning. I further acknowledge that I have read and understand the refund policy, cancellation and certification requirements.					
Acknowledgment						
23	Is there anything else you would like us to know about you or your interest in this program?					
22	What qualities do you think make a good yoga teacher?					
Addit	ional Information					
21	How would you describe your current understanding of yoga philosophy beyond the physical practice (e.g., history, ethics, meditation, or breathing techniques)?					
20	Have you completed any prior yoga certifications or workshops? If yes, please list them.					
19	This program requires dedication, including physical practice, homework, and participation in weekend sessions. Do you foresee any challenges in meeting these requirements?					
Comr	nitment and Readiness					
18	Do you have any injuries or limitations we should be aware of to ensure your safety during the training?					
17	Are you currently pregnant or planning to become pregnant during the course of the program?					
16	Do you have any physical, medical, or mental health conditions that might affect your participation in the program? If yes, please explain.					

steps. If you have any questions in the meantime, please don't hesitate to contact us at 571-238-6622 or by