

2009 SPACE YOGA Stephen's Intensive Application Form



Please complete fully and attach a recent photo.

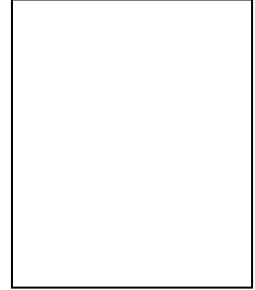
Return complete application to

SPACE YOGA staff at An-Ho / Tien-Mu Studio

or e-mail to: teachertraining@withinspace.com

or fax to: (02) 2773-9108 (An-Ho Studio)

(02) 2873-2108 (Tien-Mu Studio)



Personal information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____ Date of Birth _____

Current Occupation _____

Emergency Contact _____ Phone Number _____

Program information

How did you find out SPACE YOGA May intensive program? _____

Prerequisite information

How long have you had a dedicated yoga practice? _____

Who are your main teachers/influences?

Which style(s) of yoga do you primary practice? _____

What immersion courses, workshops, and TT have attended in the past? Please list location and date.

Yoga teaching experience

Are you currently teaching yoga? Yes No (skip the next two questions)

How long have you been teaching? _____

What tradition/style? _____ Number of classes per week _____



Health information (if you answer yes to any of the following questions please describe fully on a separate page.)

1. Are you under medical treatment for any psychological condition? Yes No
 2. Are you currently pregnant or trying to get pregnant? Yes No
 3. Do you have any chronic physical limitations or disabilities? Yes No
 4. Have you had a serious illness or major surgery? Yes No
 5. Are you in recovery from any physical or mental condition that we should be aware of?
Yes No
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Full disclosure and acceptance of terms

In order to make informed decisions, SPACE YOGA must be able to rely on the accuracy and completeness of information provided by applicants. Information provided is treated as confidential and disclosed only to those with a legitimate need to know in administering or delivering the training. Therefore, applicants are required to answer all questions fully and honesty. By signing below, I affirm that the information provided in this application to the best of my knowledge true and complete. I understand that providing inaccurate, incomplete, or misleading information is grounds for rejecting this application, being required to leave the program after I have commenced participation.

If I am forced to leave a program because of a health consideration, continuing in another session is at the discretion of the Teachers of the Immersion.

I have carefully read the "Responsibility Agreement" and understand that SPACE YOGA is not responsible for my physical and psychological safety during this training program. Please Initial here _____

I understand that Responsibility Agreement is legal contracts. I will keep them for my records. I will be asked to sign copies for SPACE's records on the first day of the program.

Signature _____ **Date** _____

SPACE YOGA do not discriminate on the basis of race, color, religion, national origin, gender, age, marital status, disability, or sexual preference. The information in this application will be treated as confidential.

Please retain a copy of this application for your files. Submit originals to SPACE YOGA

