

(Stephen & Naichin)

## 2010 SPACE's 200-Hour Registered Teacher Training Application Form

Please complete fully and attach a recent photo.

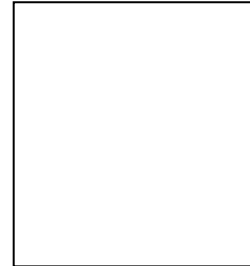
Return complete application to

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

or e-mail to: [teachertraining@withinspace.com](mailto:teachertraining@withinspace.com)

or fax to: +886.2.2773.9108 (An-Ho Studio)

+886.2.2873.2108 (Tien-Mu Studio)



### PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle 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 Teacher Training? \_\_\_\_\_

### Prerequisite information

How long have you been practicing asana? \_\_\_\_\_

How long is your daily practice? \_\_\_ Hour \_\_\_ Min(s)

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

Where currently do you practice yoga? Locations: \_\_\_\_\_

### Yoga teaching experience

Are you currently teaching yoga?  Yes  No

How long have you been teaching? \_\_\_\_\_

What tradition/style? \_\_\_\_\_ Number of classes per week \_\_\_\_\_

### Training experience

Have you taken any teacher training? \_\_\_\_\_

If you answer yes, name of the teacher training program? \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

## ESSAY QUESTIONS



**Please answer the following questions regarding your relationship to yoga and becoming a teacher on a separate sheet of paper.**

1. What does yoga mean to you? How has your involvement in yoga changed and developed over time?
2. Why do you want to be certified as a yoga teacher at this time in your life?

### Health information

Please complete the medical history section below so that we can be sure to response to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program. (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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## PROGRAM PARTICIPATION AGREEMENT

### Cancellation Policy

- Cancellation notice received **8** days prior to the start of the program, \$2000 administrative fee would be deducted and the remaining balance can be transfer to other SPACE workshops and trainings.
- Cancellation notice received **7** days or less from the start of the program, there will be no refund or transfer.
- At any time prior to the start of the program, for those who reserve a spot in the teacher training, but find they cannot attend, the spot may be transferred to another student (who has gone through the application process and been approved).



### 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 honestly. 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, or the revocation of my certification after completing the program.

The information in this application will be treated as confidential.

I have read and accept the above terms and requirements.

Yes  No

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Signature

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Date (M /D /YY)

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