

SPACE YOGA 300/500-Hour Advanced Teacher Training Application Form

Please complete fully and attach a recent photo.

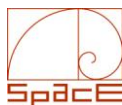
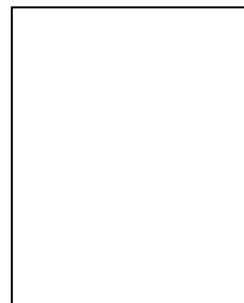
Return complete application to:

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

or e-mail it to: teachertraining@withinspace.com

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

+886.2.2873-2108 (Tien-Mu Studio)



Please note:

To be accepted into the 300/500-hour Advanced Teacher Training, applicants are required to have completed a 200-hour teacher training. Please submit a copy of your 200-hour teacher training certificate of completion to SPACE YOGA along with your application.

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

Name _____ Cell Phone _____ Relationship _____

Program Information

How did you first learn about SPACE YOGA 300/500-hour Advanced Teacher Training?

Teacher Training History

1. Did you complete your 200-hour teacher training with SPACE YOGA?

Yes (please proceed to question # 3)

No

2. If you did not complete your 200-hour teacher training with SPACE YOGA, where did you complete your training? _____
Who were your instructors in the training? _____
When did you complete your training (month/year)? _____

3. Do you currently teach yoga? Yes No
If yes, where and for how long? _____
How many classes a week? _____
Describe your teaching style/approach to teaching/or lineage?



Essay Questions

Please write your answers to the following essay questions on a separate sheet of paper.

- What is your objective or goal in taking this advanced training?
- Please describe the focus of your yoga studies over the past two years. Which teachers have you been studying with and which workshops have you done?

Medical History

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.

- Are you under medical treatment for any psychological condition? Yes No
- Are you currently pregnant or planning to become pregnant during the course of the training?
Yes No
- Are you in recovery from any physical or mental condition that we should be aware of?
Yes No

5. Is there anything else we should know about your medical history?

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.

If I am forced to leave a program because of a health consideration, continuing in another session is at the discretion of the Director of Teacher Training Programs.

The information in this application will be treated as confidential.

I have read and accept the above terms and requirements. Yes No

Signature

Date (M /D /YY)

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