



Name

Email

Address

City

State

Zip

Daytime Phone

Evening Phone

Occupation

Marital Status

Gender: Female Male

How did you hear about our program?

Yoga Practice and Experience

Please answer all questions to the best of your ability using complete sentences, with a minimum of 50 words where appropriate.

1. Describe your yoga practice:

- ➔ How long have you been practicing? ➔ What style(s) of yoga do you practice? ➔ List any trainings, intensives or retreats attended and why?
- ➔ Who have been your most influential teachers and why? ➔ How often and how long do you practice?

2. Why do you want to pursue yoga teacher training at Blue Moon?

3. Do you currently teach yoga? If so, how long and where?

4. Describe what yoga means to you? How has your life been impacted by your practice?

5. What do you hope to learn? What are your expectations for this training?

6. Tell us about your hobbies and interests, your other exercise experiences, and community service involvements.

7. Please explain the value of commitment and how it applies to your endeavor to become a certified yoga teacher.

8. If there is anything else you would like us to know, and/or if you have any questions, comments or concerns, please state them here.

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Physical Health

Please note that this section of the application is mandatory and that you will not be accepted without filling in these required fields accurately and honestly.

- | | |
|---|--|
| How would you evaluate your current health? | Do you have Epilepsy? |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Good | |
| <input type="checkbox"/> Fair | Do you have Diabetes? |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are you currently, or during the last two years have you been under the care of a physician or other health care professional?

- Yes No

If Yes, For what reason?

List the health care professional's name, specialty and address:

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Terms and Conditions

Applications for our teacher training programs are individually reviewed. Submission with your deposit payment of \$500 indicates that you have read, understand, and agree to all of the requirements for this training. You will be notified via email of your acceptance into the program. If you are not accepted to the program, your application fee will be refunded.

We reserve the right to cancel a program at any time. We reserve the right to revise the training schedule and dates at any time.

Please Select the Program for Which You Are Registering:

- 200 hr 8-Weekend Intensive Teacher Certification Program** with Robin Neill-Kitaif and Alexis Martin at Blue Moon Yoga and Fitness, Ormond Beach FL, **starting July 8, 2016.**
- I have read and understand the terms and requirements. * (required)
- I have read the program terms. *(required)

Authorized Signature

Date