

200-Hour Hot Hatha Yoga  
TEACHER TRAINING APPLICATION



Name \_\_\_\_\_

DOB \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Emergency Contact (Name & Phone) \_\_\_\_\_

PHYSICAL HEALTH

Under a Physicians Care? ( Yes / No )

If yes, for what reason? \_\_\_\_\_  
\_\_\_\_\_

Are you currently seeking mental health care? ( Yes / No )

If yes, for what condition? \_\_\_\_\_  
\_\_\_\_\_

Please list current medications \_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized? ( Yes / No )

If yes, for what condition? \_\_\_\_\_  
\_\_\_\_\_

Do you have any dietary requirements? \_\_\_\_\_  
\_\_\_\_\_

**Describe your current yoga practice.** Is it daily? Do you attend classes regularly? Do you have a home practice? Of what does your proactive consist? Do you currently practice with Joy Antipow or Michael Liang?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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INTENTION SETTING

Take a moment and write down what you want from this teacher training. What is your intention for taking this program?

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Do you practice pranayama and/or meditation?

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Are you currently teaching yoga or another discipline (Pilates, Martial Arts, Meditation, etc)? For how many years?

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How did you learn about the TriBalance Yoga Teacher Training Program?

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Are you interested in teaching yoga or are you considering this training for your own self-exploration?

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PAYMENT OPTIONS

**Option 1**

**Early Bird Full Pay before Jan 4th \$2,800** (includes \$400 Application Fee/Deposit due Jan 4th)

**Option 2**

**Payment Plan \$3,200** (includes \$400 Application Fee/Deposit due Jan 4th) Four payments of \$700 due:

Jan 4th    Feb 4th    Apr 4th    May 4th