

200-Hour 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? _____

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?
Do you currently practice **at TriBalance in person or online?**

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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?

Do you practice pranayama and/or meditation?

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

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

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

PAYMENT OPTIONS

Option 1

Early Bird Full Pay before Dec 31st \$2,800 (includes \$400 Application Fee/Deposit due 12/31)

Option 2

Payment Plan \$3,200 (includes \$400 Application Fee/Deposit due Dec 31st)
Four payments of \$700 due:

Jan 15th Feb 15th Apr 15th May 15th