



Open Sky

Y o g a C e n t e r

Essential Yoga Teacher Training™ Application 2018

Date _____

Home phone _____

Name _____

Work phone _____

Mailing address _____

Cell phone _____

E-mail address _____

Profession _____

Date of birth _____

Gender _____

Education: *Include high school, college, post-graduate work, names of schools, degrees, majors, minors and any other education that would provide a background for this training (i.e. chiropractic, medical, massage, anatomy, etc.).* _____

How many years have you been practicing yoga? _____

Please describe any other yoga experience you have, including other teacher trainings. *Include specific systems, teachers and length of study with each.*

Please describe your home practice. Include how often, duration, and for how many years you have maintained this home practice.

Do you practice meditation? If yes, how often? For how long? _____

Do you currently teach yoga? Where and what style? _____

Do you have any physical injuries or medical conditions? If yes, please describe. _____

Please list treatments or medications for all of the above conditions. _____

Why do you practice yoga? _____

Why are you interested in this particular training? _____

Please include the following with your application:

Two letters of recommendation, one from your yoga teacher, one from employer or mentor

One recent photo. Headshot or casual snapshot are fine.

If your application is accepted, a 500 € deposit will reserve your space. The remaining balance of 2100 € is due by February 2, 2018.

You may pay by check or credit card (Visa or Mastercard). Send checks to:

Open Sky Yoga Center

7 Arnold Park

Rochester, N.Y. 14607

yogawave@rochester.rr.com

www.openskyyoga.com

Solbjort Gudmundsdottir : solbarak@gmail.com