

APPLICATION INSTRUCTIONS – BACK BAY YOGA

The YogaWorks Teacher Training programs include a vigorous two-hour asana practice. We strongly recommend that applicants have one year of consistent asana practice. If your yoga practice does not meet those criteria, please provide us with an explanation on a separate sheet of paper.

Application Deadlines

To process your application, please send your complete application no later than one week prior to the program start date. However, enrollment is limited, so we recommend that you submit your application no later than the early registration deadline. We may accept last minute applications only if there is space in the program.

Be sure to complete the following documents when submitting your application:

200-hour Teacher Training program application requirements:

- Primary Application
- Payment Information & Program Participation Agreement
- Recommendation Form - *The recommendation form can be approved by either a teacher you are currently studying with, or by a YogaWorks instructor the day of the scheduled free master class/info session.*

→ **To reserve your place in the training, you must submit the complete application along with a minimum \$500 deposit. If including a check, please make payable to “YogaWorks Teacher Training”.**

You have three options for submitting your completed application:

1. Email lianas@yogaworks.com and attach your application. Please title your subject line “Application for YW TT.”
2. Fax your application to (212) 721-8479, with a cover letter reading “ATTN: YW TT BOSTON”
3. Mail it to: **YogaWorks Westside** c/o Liana Sheintal; 37 W. 65th St., 4th Fl., New York, NY 10023
4. Drop your application and deposit in an envelope at the front desk of **YogaWorks Westside Location**. Please write on the top of your envelope **Attention: Liana Sheintal, Teacher Training Boston**.

This page is a checklist included to help you with the application process and **DOES NOT** need to be submitted along with your application.

Thank you!

200-HOUR TEACHER TRAINING APPLICATION

BACK BAY YOGA

Personal Information

Name _____ Today's Date (M/D/YYYY) _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____ Occupation _____

Emergency Contact:

Name	Phone	Relationship
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Start date of training you are applying for (MM/YYYY): _____

Program Format:

- Spring 2009 Weekend Format
- Fall 2009 Weekend Format

Location:

- Back Bay Yoga; Boston, MA

How did you first learn about the YogaWorks Teacher Training program?

- | | |
|---|--|
| <input type="checkbox"/> I practice at YogaWorks | <input type="checkbox"/> Other advertisement: _____ |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Friend |
| <input type="checkbox"/> My yoga teacher recommended it | <input type="checkbox"/> I practice at Back Bay Yoga |
| <input type="checkbox"/> Yoga Journal Advertisement | <input type="checkbox"/> Other: _____ |

Medical History

Please complete the medical history section below so that we can be sure to respond 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.

1. How would you evaluate your current health?

- Excellent
- Good
- Fair
- Some challenges (Briefly describe) _____

2. Do you suffer from any of the conditions below?

- Epilepsy
- Diabetes
- Pregnant, plan to become pregnant during the course of the training
- No, I do not suffer from the above conditions to my knowledge

3. Please list medications you are taking that were prescribed to you by a health care professional:

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

About You

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and clear as possible. Do not fear answering NO.

1. How long have you been practicing yoga? _____
2. How many days per week do you practice yoga? _____
3. What style of yoga do you usually practice? _____
4. At which yoga studios do you currently practice? _____
5. Do you have a home practice? Yes No
6. Who have been your primary teachers, both past and present? _____
7. Do you practice meditation and/or pranayama? Yes No
8. What area of yoga challenges you the most? (Please specify)

9. Do you practice inversions? Yes No
10. Do you practice Surya Namaskar (Sun Salutation) A & B? Yes No
11. Do you practice chaturanga Yes No
12. Is this your first training?
 Yes
 No If no, please list prior trainings: _____
13. Are you currently teaching yoga?
 No
 Yes. If yes, for how many years have you been teaching? Where do you currently teach?

14. In your opinion, what qualities embody a good yoga teacher? Why?
15. Why do you want to take a YogaWorks Teacher Training program?

RECOMMENDATION FORM – BACK BAY YOGA

Please fill out the Applicant Information section and submit form to a teacher with whom you have studied and who can attest to your experience practicing yoga. **You can also have this form signed off by a YogaWorks Teacher Trainer at our Free Master Class/Information Session.**

Applicant Information

Applicant's Name _____

Program applicant is applying for

200-Hour Teacher Training Program

Training Start Date May 2, 2009

Location of Training Boston, MA

Recommending Teacher Information

To the recommending Teacher:

The candidate above is applying for the YogaWorks 200-hour Teacher Training program which includes a vigorous two-hour asana practice.

Recommending Teacher's Name _____

Teacher's Phone Number _____

Teacher's Email _____

Is this student consistent in his/her practice?

Yes No

Can this student straighten the arms in Downward Facing Dog?

Yes No

Does this student practice inversions?

Yes No

1. Briefly describe how long and in what capacity have you known the applicant?

2. Briefly describe if you would recommend this applicant for YogaWorks Teacher Training program? Why or why not?

3. Please indicate your overall endorsement of the applicant.

- Highly recommend
- Recommend
- Recommend with reservations
- Not recommend

Recommending Teacher's Signature _____

Date (M/D/YYYY): _____

Thank you for your input! Please complete the attached form and fax to: (212) 721-8479
Attention: Liana Sheintal