

# YOGA LANDING

Chattanooga, TN

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## APPLICATION FOR 300HR TEACHER TRAINING PROGRAM

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### PERSONAL INFORMATION

First name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

How did you hear about our training program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## YOGA EXPERIENCE

Where and when did you receive your 200HR Yoga Alliance Teacher Certification?

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Please include any other previous Yoga training and education (any relevant trainings or workshops, including previous intensives or trainings). With whom and where?

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Are you currently a yoga instructor? Yes No // If yes, how many years? \_\_\_\_\_

If yes, what style(s) of yoga do you teach?

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How long have you been practicing yoga?

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Do you currently have one or more regular teachers? Yes No

If yes, please list your teacher/teachers and how often you practice under their guidance?\_\_\_\_\_

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Please list your previous yoga education: any relevant trainings or workshops, including any previous intensives or trainings. With whom and where?

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Please describe your current personal yoga practice.

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Please write a brief explanation of your intentions for this training.

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## HEALTH INFORMATION

Do you have any medical conditions that might affect your full participation in this training? Yes No // If yes, please explain briefly: \_\_\_\_\_

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Do you have any injuries or other physical impairments? Yes No // If yes, please explain briefly:

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## EMERGENCY CONTACT INFORMATION

First Name : \_\_\_\_\_ Last: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*I hereby declare the information in this application to be true and complete. I understand that providing false information is grounds for rejection of this application, expulsion from the program, or revocation of certification.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Include the following:

\_\_\_\_ Completed and signed application

\_\_\_\_ \$300 enrollment fee

Please pay by check to Yoga Landing. We also accept Visa, Mastercard, American Express, and Discover by completing the following:

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Amount to be charged: \_\_\_\_\_

Once Yoga Landing receives your application and payment/deposit, upon acceptance, we will send you an acceptance letter, a required reading list, and lots of love!

*For more information, or if you have any questions or concerns, please feel free to call Yoga Landing at (423) 531-6977 or email Ashley Carpenter at [manager@yogalanding.net](mailto:manager@yogalanding.net).*