

Beaumont

Beaumont School of Yoga Therapy Level I, 200 hour Yoga Teacher Training Application

Name: _____

Address: _____

Street

City

State

Zip Code

Cell phone: _____ Home Phone: _____

Email: _____

What initially led you to a yoga practice? _____

Please describe your general educational background: _____

How would you describe yoga to someone who has never practiced yoga before? _____

What do you think are some foundational and necessary qualities of an effective yoga teacher? _____

Are you taking this program with the intention to receive the RYT registration with Yoga Alliance? Y N

How did you hear about the Beaumont School of Yoga Therapy Level 1 Yoga Teacher Certification Program?

Are you a Beaumont employee? Y N

Emergency Contact information:

Name: _____

Address: _____

Street

City

State

Zip Code

Cell Phone: _____ Home Phone: _____

E-mail: _____

I understand that program certification is dependent upon my compliance with ethical standards, my attendance, and my successful completion of assignments, quizzes, and exams.

I understand that all educational materials such as handouts, photographs, video and audio recordings which are distributed during the Beaumont School of Yoga Therapy Certification Program are for my personal use only. Photocopying, electronically duplicating or distribution/posting of material in any way is strictly prohibited.

I attest that the above information is true.

Signature

Date