



Inner Peace  
YOGA THERAPY

**APPLICATION**  
**Yoga Teacher Training Program (200 hour level)**

**Tuition**

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A \$500.00 deposit is due with your completed application.  
A balance of \$2200 is due if paid in full by Dec 31, 2018.  
Or a balance of \$2400 if paid in 3 installment of \$800 in Feb, March & April.

**Personal Information**

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Name

Date

Street Address

City

State

Zip Code

Primary Phone (     )    Mobile / Home / Work (circle one)

Secondary Phone (     )    Mobile / Home / Work (circle one)

Email

Referred by

How did you learn about the Inner Peace Yoga Therapy Yoga Teacher Training program?  
(check all that apply)

- I practice at Heart & Core Yoga
- I practice at Yogadurango
- Internet Search
- My yoga teacher recommended it (please list teacher's name):
- A friend told me about it

**About You**

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1. How many years 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. Where do you currently practice?

5. Do you have a home practice? Yes No (circle one)

6. Who have been your primary yoga teachers?

7. Do you practice meditation or pranayama?

8. Is this your first teacher training or in-depth study? Yes No (circle one)

If no, please list prior trainings:

9. Are you currently teaching yoga? Yes No (circle one)

If yes, for how many years have you been teaching?

Where do you teach?

What style do you teach?

10. Why are you interested in the this Yoga Teacher Training program?

11. What are your expectations for this training? What do you hope to achieve at the completion of the program?

## Medical History

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Please complete the medical history section below so that we can be sure to respond to any emergencies should they occur during your training. Please note that none of your responses will 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    High Blood Pressure
- No, I do not suffer from the above conditions to the best of my knowledge

3. Explain any past or present physical injuries that sometimes require yoga modifications

4. How is your current level of stress?

5. Are you pregnant or do you plan to become pregnant during the course of training?

- Yes    No

5. Are you currently or during the last two years have you been under the care of a physician or mental health care professional?

5. Please list medications you are taking prescribed by your physician or mental health care professional.

## Payment Information

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A \$500 deposit is due with your application in order to secure your space in the training. You may choose to pay the deposit or the full payment at this time. Full payment is required no later than the start of the program unless other arrangements have been made between the student and Inner Peace Yoga Therapy. Inner Peace Yoga Therapy accepts cash, check, PayPal, Amex, Visa, MasterCard and Discover.

Credit Card #

Exp. Date

Name as it appears on card

CCV#

Is your billing address the same as your mailing address?  Yes  No

My billing address is:

City

State

Zip Code

I hereby authorize the above payment of \$

Complete Signature

Please email your application to [info@innerpeaceyogatherapy.com](mailto:info@innerpeaceyogatherapy.com) or mail it to Inner Peace Yoga Therapy, 10 Town Plaza, PMB 411, Durango CO 81301.