

Yoga Teacher Training 200 Hour Certificate Program Application



Dear Student,

Welcome to Teacher Training! Thank you for exploring the possibility of our program. Whether your intention is to become a yoga teacher or deepen your own practice, this program is designed to inspire a full understanding and a complete experience of yoga.

Sincerely,
Cathy and Darlene

Program Dates - September 2019 - May 2020 - Please refer to the **Calendar and Tuition page** for more detailed information about the program.

Program Dates

Program is Held at Both of these Locations:

Still Point Yoga Center 1 Kelly Drivers Lane Laurel Springs, NJ 08021
The Yoga Center of Haddonfield 20 N. Haddon Ave. Haddonfield, NJ 08033

Program Directors: Catherine Landschoot ERYT 500hr, Darlene DePasquale ERYT 200h

This comprehensive 200+ hour yoga teacher training includes:

- Traditional Hatha Yoga with emphasis on consciousness
- Self Inquiry Meditation and Q and A with Dr. B. Awatramani
- Practice of Self Inquiry Meditation throughout the program
- Yoga Philosophy - 8 limb path of Patanjali -
Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana, Samadhi
- Teaching Methods – Kripalu Style Methodology
- Alignment and Assisting others in Yoga Poses
- Yoga Anatomy & Physiology
- Practical Yoga Lifestyle - Yoga Teacher Ethics, Student/Teacher Relationships
- Mantras, Mudras, and Subtle Anatomy
- Special Interest Classes – Restorative, Prenatal, Partner Yoga, and Yogassage
- Business Skills and Professional Development
- Certification and placement upon successful completion

**The Deeper Studies of Meditation and Yoga
Teacher Training Application Form
2019 Fall Program**

This application is to assist us in determining if this training is suitable for you. Please be honest with your answers and be assured that all information you provide will be kept confidential. This information will help us to best serve you during the training.

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Contact of closest relative or friend in case of emergency:

Relationship _____

Describe your yoga experience. Please include teachers you have studied with and the methods or types of yoga that have been influential to you.

How long have you been practicing yoga?

Please describe your yoga practice; include content of practice and length of time spent on your daily personal practice. This can include asana, breathing, meditation or other practices that you consider yogic.

Are you already teaching yoga formally or informally? Please give details on your teaching experience and how long you have been teaching. Include what type of students you have worked with. (e.g. beginners, seniors, special needs, meditation, friends or family).

What is your educational background? (Please include any yoga training as well as other schools you have attended and dates and degrees or certificates received).

What do you feel your main strengths and weaknesses are as a yoga practitioner and/or teacher?

What is your intention for taking this training? Please describe in at least 100 words why you want to be a yoga teacher, or to gain a deeper understanding of yourself through this training.

What are your expectations upon completion of this training?

Do you have any physical or emotional conditions that could affect your participation in this training? Please answer carefully and honestly.

Please note: This training is highly experiential in nature. You will be working deeply with yourself, closely with other individuals and the group as a whole. You will be presented with a range of different teaching and learning styles some of which you may be unaccustomed to. While emotional issues can sometimes arise, participants need to process, express and contain these experiences appropriately. If you are currently undergoing psychiatric or psychotherapy treatment for issues which are still very traumatic for you, you may wish to discuss attending this training with your therapist or health care professional.

Are you currently on any medications? Note which ones and the purpose of the medication.

I have answered these questions honestly and submit them as my application to this training.

Signature: _____ Date: _____

Deposit of \$50 (non refundable) With Application Date: _____