

Yoga Teacher Training 200 Hour Certificate Program

2014 Summer Program

THE DEEPER STUDIES *Meditation & Yoga*

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.

Q & A Session 1: Saturday, March 29 @ 7pm at Yoga Center of Haddonfield

Q & A Session 2: Saturday, April 5th @ 7pm at Still Point Yoga Center

Program Orientation 1: Thursday, April 24th @ 7-9pm at Still Point Yoga Center

Program Orientation 2: Saturday, April 26th @ 1-3pm at Yoga Center of Haddonfield

Summer Program : May 8, 2014 - August 24, 2014 (See Short Calendar for Dates)

Program Locations:

Yoga Center of Haddonfield 20 N. Haddon Ave. Haddonfield, NJ 08033

Still Point Yoga Center 1 Kelly Drivers Ln. Laurel Springs, NJ 08021

Program Directors: Darlene DePasquale & Cathy Landschoot

This comprehensive 200+ hour yoga teacher training includes:

- Traditional Hatha Yoga with emphasis on consciousness
- Self Inquiry Meditation is the essence of the program, 8 hrs by Dr. B. Awatramani
Practice of Self Inquiry Meditation throughout the program
- 8 limb path of Patanjali
Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana, Samadhi
- Teaching Methods – Assisting in Alignment
- 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
2014 Summer 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 length of time teaching and what type of students (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 \$250 Date: _____

