



INSPIRITUS®
— YOGA —
Wholistic Wellness & Training

200 Hour International Yoga Teacher Training Application

Thank you for your interest in our 200 Hour International Yoga Teacher Training. Please read the Information Packet which outlines the expectations of each module of the program before completing the application process. If you have any questions, feel free to email trina@sacredspaceyogadetroit.com or call 313.352. 6788..

Application process:

- Review the Information Packet, including module expectations and training dates.
- Complete this Application Form and submit via email to trina@sacredspaceyogadetroit.com
- Pay \$200 non-refundable application fee (will be applied toward tuition).
- Complete phone introduction with Dawn to answer questions and discuss program
- Complete our Waiver/Release form
- Submit tuition payment at least two weeks prior to Level 1 Yoga Certification start date.

I am applying as a candidate for the following:

Inspirational Yoga Teacher (CYT) Christ-Centered Yoga Teacher

(CCYT) Location preference for Yoga Camps:

Phoenix, AZ Detroit, MI Saskatoon, SK Canada

Tuition:

The cost of tuition is \$2300 US. A \$200 non-refundable fee is due with your application and will be applied toward tuition. Payment arrangements are available. A 30% discount is offered to existing yoga teachers. You may repeat the training for 50% off. An electronic version of the training manual is included in the cost of tuition. If payment arrangements are needed or if you are an existing instructor, please email trina@sacredspaceyogadetroit.com .

\$200 Deposit may be paid through this link: https://www.wellnessliving.com/rs/catalog-view.html?id_sale=4&k_id=1897992&k_option=6429137

Application Form

Name _____ Preferred Name _____

Address _____ City, State, Zip _____

Email Address _____ Best Phone _____

Emergency Contact/Relationship _____ Emergency Contact Phone/Email _____

Please answer the following questions as completely as possible. You may attach a separate page if needed.

How did you find out about our program? _____

Your occupation: _____

How long have you practiced yoga? _____

What is the most rewarding aspect of your yoga practice? _____

What is the most challenging aspect of your yoga practice? _____

Describe yoga experience, styles practiced, and any previous training: _____

Describe any yoga or related teaching experience: _____

What do you plan to do with your certification? _____

Do you feel you have been called into a leadership role in your life? Explain.

Do you have any concerns about participating in the program? _____

Why have you chosen to do our program and/or what about our program appeals to you?

Please describe where you presently are in your faith walk/spiritual journey. Use separate page if needed.

Do you currently attend a church? If so, which one and what denomination is it (if any)?

Health Information:

Please state any medical limitations or current medical treatments we should know about:

Have you experienced any of the following (check box if Yes)?

- High blood pressure
- Diabetes
- Heart conditions
- Respiratory conditions
- Bone or joint conditions
- Retna problems or Glaucoma
- Back pain or injury
- Communicable disease
- Addiction
- Diagnosed mental-health condition
- Seizures or strokes
- Physical disability
- Are you currently pregnant? Due date: _____
- Have you recently had a baby? Delivery date: _____
- Cleared for physical activity?

If you checked "Yes" for any of the above, please explain: _____

Do you have any other conditions that might limit your ability to fully participate in a yoga teacher training program? If "Yes", please describe: _____

Criminal Background:

Have you ever been convicted of a felony?

Have you ever been incarcerated?

If you checked "Yes" for any of the above, please explain: _____

Acknowledgement:

I certify that I am at least 18 years of age and am physically able to participate in a yoga teacher training program. I acknowledge that all information submitted in this application is true and accurate. I understand that incomplete or inaccurate information may result in my non-acceptance or dismissal from the program. I acknowledge that I have read the information packet, admissions criteria, and cancellation/refund policy.

Signature (please type if electronic)

Date

Printed Name