

## APPLICATION INSTRUCTIONS

*The YogaWorks Teacher Training programs include a vigorous two-hour asana practice. We strongly recommend that applicants have one year of consistent asana practice. If your yoga practice does not meet those criteria, please provide us with an explanation on a separate sheet of paper.*

### Application Deadlines

To process your application, please send your complete application no later than one week prior to the program start date. However, enrollment is limited, so we recommend that you submit your application no later than the early registration deadline. We may accept last minute applications only if there is space in the program.

**Be sure to complete the following documents when submitting your application:**

#### **200-hour Teacher Training program application requirements:**

- Primary Application
- Payment Information & Program Participation Agreement
- Recommendation Form - *The recommendation form can be approved by either a teacher you are currently studying with, or by a YogaWorks instructor the day of the scheduled free master class/info session.*

→ **To reserve your place in the training, you must submit the complete application along with a minimum \$500 deposit. If including a check, please make payable to "YogaWorks Teacher Training".**

Please email your application to [HAYLEY@NOBOPILATES.COM](mailto:HAYLEY@NOBOPILATES.COM)

\*\*If you have any questions about where to send your application, please visit [yogaworks.com/teachertraining](http://yogaworks.com/teachertraining) or the website of the studio in your city hosting the training

\*\*Please do not send directly to YogaWorks

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This page is a checklist included to help you with the application process and **DOES NOT** need to be submitted along with your application.

Thank you!

## 200-HOUR TEACHER TRAINING APPLICATION

### Personal Information

Name \_\_\_\_\_ Today's Date (M/D/YYYY) \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

#### Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Start date of training you are applying for (MM/YYYY): \_\_\_\_\_

#### Program Format:

Residential

#### Location:

#### How did you first learn about the YogaWorks Teacher Training program?

I practice at: \_\_\_\_\_

Internet Search

My yoga teacher recommended it

Yoga Journal Advertisement

I was referred by: \_\_\_\_\_

Friend

Facebook Ad

Other: \_\_\_\_\_

### Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program.

1. **How would you evaluate your current health?**

Excellent

Good

Fair

Some challenges (Briefly describe) \_\_\_\_\_

2. **Please let us know if you have any injuries that may affect your ability to fully participate in the training**

\_\_\_\_\_

3. **Please list any medical conditions that may affect your ability to fully participate in the training**

\_\_\_\_\_

4. **Have you had any Surgeries in the last year? If the answer is yes, please explain**

\_\_\_\_\_

5. **Is there anything else we should know about your medical history?**

\_\_\_\_\_

*Safety is very important to us at YogaWorks. At any time, your trainer(s) may ask you to leave if you are not at the physical and/or health level to fully and safely participate, or if you are affecting the safety and learning of others.*



program?

## PAYMENT INFORMATION

**\$1000 non-refundable deposit is due with your application. Full payment is required no later than the start of the program. Your payment is due in full by the early registration date in order to receive the discounted rate and to receive your teacher training books.**

**I am paying by check.** Please mail the check with your application to the appropriate address on the **Application Instruction** page. *\*Please include driver's license number, State and expiration date on the front of you check, payable to **YogaWorks Teacher Training**.*

**I am paying by credit card.**     MasterCard     Visa     American Express  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name as it appears on the card: \_\_\_\_\_

Is your billing information the same as your mailing address?

Yes

No. My billing address is: \_\_\_\_\_

City

State

Zip Code

**I hereby authorize the above payment of \$ \_\_\_\_\_**

**Please initial: \_\_\_\_\_**

I understand that if I fulfill all the requirements of the YogaWorks Teacher Training, including in-class hours, homework, quizzes and passing both the written and in-class final exam, I will receive a letter of completion, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 200-hour Teacher Training program. Paying for the program and completing the hours alone does not mean I will pass the program.

I understand that YogaWorks reserves the right to ask me to leave the program if I am found plagiarizing, if my behavior is inappropriate, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.

I understand that if I cancel 14 days prior to the start of the training, my deposit may be transferred toward a future Teacher Training and will be refunded my remaining balance. If I cancel within 14 days of the start of the training, I will forfeit my \$500 deposit but my remaining balance will be refunded. Once the program begins, tuition is non-refundable and non-transferable.

I understand that all YogaWorks Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

**I have read and accept the above terms and requirements:**     Yes     No

## RECOMMENDATION FORM

Please fill out the Applicant Information section and submit form to a teacher with whom you have studied and who can attest to your experience practicing yoga. **You can also have this form signed off by a YogaWorks Teacher Trainer at our Free Master Class/Information Session.**

### Applicant Information

Applicant's Name \_\_\_\_\_

Program applicant is applying for

200-Hour Teacher Training Program

Training Start Date \_\_\_\_\_

Location of Training \_\_\_\_\_

### Recommending Teacher Information

**To the recommending Teacher:**

The candidate above is applying for the YogaWorks 200-hour Teacher Training program which includes a vigorous two-hour asana practice.

Recommending Teacher's Name \_\_\_\_\_

Teacher's Phone Number \_\_\_\_\_

Teacher's Email \_\_\_\_\_

Is this student consistent in his/her practice?

Yes  No

Can this student straighten the arms in Downward Facing Dog?

Yes  No

Does this student practice inversions?

Yes  No

1. Briefly describe how long and in what capacity have you known the applicant?

2. Briefly describe if you would recommend this applicant for YogaWorks Teacher Training program? Why or why not?

3. Please indicate your overall endorsement of the applicant.

- Highly recommend
- Recommend
- Recommend with reservations
- Not recommend

Recommending Teacher's Signature \_\_\_\_\_

Date (M/D/YYYY): \_\_\_\_\_

**Your application is not complete until your completed Signature of Approval Sheet has been received by the Teacher Training Office**