

RAHINI YOGA 200-HOUR TEACHER TRAINING

I. Personal Information

Name_____

Mailing Address_____

City_____ State_____ Zip_____

Home Phone _____ Business Phone_____

Cellular Phone_____ E-mail_____

Age _____ Date of Birth _____ Gender: M F

Occupation_____

Please attach 2 recent passport-size photos of yourself (this requirement is only for the 200-Hour Yoga Teacher Training Program)

II. Yoga Related Information

1. How long have you been studying yoga?

2. What styles of yoga have you studied?

3. What yoga classes and workshops have you attended in the past two years? Please include the style or tradition, the level of yoga (beginner, intermediate, advanced), frequency attended and approximate hours per week or month.

4. Describe your current yoga practice. Include style, frequency, and duration.

5. Describe any previous yoga teacher *training* experience.

6. List and describe any yoga *teaching* experience.

7. List and describe any meditation courses you have taken.

8. Describe your current meditation practice.

9. Describe your feelings about your experiences with yoga and meditation. Include how yoga and meditation have affected your life.

10. Why do you want to become a certified yoga teacher?

III. Health Information

1. Briefly summarize your health history. Include any physical or mental health conditions that might affect your study and practice of yoga (yoga postures, range of motion, balance & movement), pranayama (breathing & breathing exercises), and meditation (concentration & focus).

2. Please list and describe any injuries, limitations, disabilities, illnesses, or ailments that you feel we need to know about.

3. Please list any medication(s) you are presently taking. List the names, frequencies and dosages of each.

4. If you are presently under a doctor's care, please provide us with his/her name and phone number.

IV. Emergency Contacts

1. Name _____ Phone _____

2. Name _____ Phone _____

V. Workshop Description

1. What is the *date* and *site* of the workshop you are registering for?

2. What is the *name* and *level* of the workshop you are registering for?

VI. Specific Course Fees & Payment

1. 200-Hour Rahini Yoga Teacher Training Certification Program

- Payment in full = \$1,650.00 (a 10% discount or a savings of \$165.00). Reading materials are at an additional cost.

OR,

- 4 Month Payment Plan Option = \$426.50 for each month + \$109.00 (For Yoga Therapy Workshop) = A non-discounted tuition of \$1815.00. Reading materials are at an additional cost.

2. Yoga Therapy Teacher Training Certification Program- Level 1

- Payment in full = \$995.00

3. Rahini Yoga Correspondence Course

- Payment in full = \$495.00

4. Basic Rahini Yoga Teacher Certification Workshop (Available only to the correspondence course graduates and the 200-hour teacher training students)

- Payment in full = \$290.00

Payment Method:

- Check Enclosed _____
- Credit Card _____ Expiration Date _____

Please sign and date:

I understand that submission of this application does not necessarily mean that I have been accepted into the *200-hour yoga teacher training program* or the *yoga therapy training program*. I

also understand the admission decision is at the sole discretion of **The New York Wellness Management Group, LLC (TNYWGMG)**, and is based upon satisfactory completion of the applicable requirements, and **TNYWGMG's** assessment of my general qualifications to teach yoga.

Signature _____ Date _____

Mail your completed application, payment, and any attachments to:

The New York Wellness Management Group, LLC

27 Stonywood Road
Commack, NY 11725

- Refund/Cancellation Policy: Go *Tuition Page*
- Allow at least two weeks to process your application. You will be notified by phone or email of your admission to the 200-hour yoga teacher training program
- Yoga mat, strap, sand bag, blocks are required. Yoga props will be available for purchase