

# Advanced Anusara Yoga Teacher Training

## APPLICATION FORM

PLEASE PRINT CLEARLY OR TYPE.

1. CONTACT INFORMATION: Today's date \_\_\_\_\_

Name \_\_\_\_\_ Preferred name \_\_\_\_\_

Address (city, state, zip) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Business) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Age \_\_\_\_\_

Web Site \_\_\_\_\_ Current Occupation \_\_\_\_\_

2. Why do you want to take this training, and what do you hope to gain?

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3. Are you currently teaching yoga? \_\_\_\_\_ What tradition/style? \_\_\_\_\_

How long have you been teaching? \_\_\_\_\_

4. YOGA EXPERIENCE: How long have you practiced yoga? \_\_\_\_\_

What style(s) of yoga have you practiced? \_\_\_\_\_

5. PREREQUISITES: 100 hours of Anusara Yoga Immersion Part 1, 2, and 3 with a certified teacher, plus 100 hours of Anusara Teacher Training with a certified teacher, or by teacher's permission.

\_\_\_ I am a graduate of Todd's 200 hour YTT \_\_\_\_\_  
date of graduation (month/year)

**OR**

\_\_\_ I completed the 100 hr Immersion with: \_\_\_\_\_  
name of teacher and date

\_\_\_ I completed a 100 hr Anusara YTT with: \_\_\_\_\_  
name of teacher and date

**OR** Please list your **Anusara hours** in the following space. If needed, attach another sheet.  
1 classroom hour = 1 credit hour

Anusara Teacher	City of Workshop	Short Description (Ex: teacher training, workshop, public class, etc.)	Date	Anusara Classroom Hours
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(continued on separate sheet as needed)

**Total Credit Hours** \_\_\_\_\_

6. How did you find out about this training program? \_\_\_\_\_

7. HEALTH INFORMATION: Please let us know about any injuries, physical conditions, or psychological issues that you feel might get in the way of your full participation. This information is confidential and will help us serve you better: \_\_\_\_\_

8. EMERGENCY CONTACTS: In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please register me for the following Training in Western Mass:**

\_\_\_\_ July 25-30, 2010, Advanced Anusara Yoga Teacher Training

**Choose payment amount:**

\_\_\_\_ \$650 if paid in full by July 1st, 2010      \_\_\_\_ \$695 if paid after July 1

**Choose method of payment:**

\_\_\_\_ I will send check/money order (US \$) **payable to Deep Peace Yoga, LLC** by the due date listed above.

\_\_\_\_ You may **automatically charge** my Visa/MasterCard/Amex on the due date listed above.

Visa/MC/Amex Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature \_\_\_\_\_

Name On card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

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**Refund Policy:** Refunds to persons accepted into the program are as follows:

- If you withdraw up to 10 days before the program start date, your entire balance, less a 10% administration fee, will be refunded.
- If you withdraw from 10 days up to, but not including the program start date, 75% of your balance will be refunded.
- On or after the program start date, there are NO REFUNDS.

I have read, understand, and agree to the above terms and policies.

SIGNATURE\_\_\_\_\_

**Send Application & Registration form to:**

Todd Norian  
Advanced Anusara Yoga Teacher Training  
PO Box 279  
West Stockbridge, MA 01266

or to fax please call before sending so we can be sure the machine is on (413) 232-7839

For information about accommodations and meal plan, please visit  
[http://www.deeppeaceyoga.com/adv\\_anusara/index.htm](http://www.deeppeaceyoga.com/adv_anusara/index.htm)