



# Sakhi Yoga Teacher Training Application

## Personal Information:

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_  
(Cellular): \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Marital Status: \_\_\_\_\_

Age: \_\_\_\_\_

1. Describe your current state of physical health and fitness:
  
  
  
  
  
  
  
  
  
  
2. Describe your current state of mental health:
  
  
  
  
  
  
  
  
  
  
3. What do you see as your biggest challenges in life right now?

## Yoga Experience:

1. How long have you been practicing yoga?
2. What style(s) of yoga do you currently practice?
3. Do you currently have a regular yoga teacher? \_\_\_\_\_ If yes, how often do you practice under this teacher's guidance?
4. Have you attended any previous trainings or intensives? \_\_\_\_\_ If so, with whom and where?
5. Do you have teaching experience? \_\_\_\_\_ Please describe any training or education that may be relevant to this experience.
6. How would you describe your current personal practice?
7. On a separate sheet of paper, please write a brief (300 words or less) explanation of your intention for this training.

Select payment option:

- \_\_\_\_\_ Paid in full by January 1, 2017 - **\$2250 (Save \$510)**
- \_\_\_\_\_ Make 3 payments of \$830 on 1/1, 3/1, 5/1 - **\$2490 (Save \$270)**
- \_\_\_\_\_ Make 6 payments of \$460 on 1/1, 2/1, 3/1, 4/1, 5/1, 6/1 - **\$2760**

Cancellation Policy: Refunds are only given if cancellation is made prior to January 2, 2017. A non-refundable credit, less a \$75 administration fee, will be held for one year if the cancellation notice is received on or after January 3, 2017. No refund is given if you withdraw from the program.

Please indicate which payment option you intend to use and mail your completed application and \$275 deposit, or payment in full, to either of the addresses below. Checks should be made out to either one of the following:

Pamela Meriwether  
1328 Kathwood Drive  
Columbia, SC 29206

Maxine Deutschendorf  
240 Beresford Place  
Columbia, SC 29210

If accepted into the program, I \_\_\_\_\_, as a student of the Sakhi Yoga Teacher Training Program, commit and promise to pay the selected payment option in the full, per the terms below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date