**Sol Yoga 2018 Advanced Teacher Training Application**

**Program Requirements**

Daily practice of some sort (meditation, asana, pranayama, devotional, Ayurveda, etc.) for at least **1 year**

Regular yoga practice (at least 2x per week on average) for at least **5 years**

Full participation in **all** sessions & completion of **all** assignments

Complete application, satisfactory interview and deposit by deadline

**Cost**

***$3200****:* Balance must be paid in full by start of program unless you are on approved payment plan.

***Other Expenses***

*Books & 35 yoga classes (30 at SY & 5 at other locations)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS ON THIS OR ATTACHED PAPER.

1. What is the nature of your daily practice? What practices of yoga or Ayurveda help to keep you in balance on a regular basis?
2. Describe your background in Ayurveda. Include any workshops, trainings, research/reading, consultations received, and personal practice.
3. Where did you complete your 200hr YTT? Do you have any additional certifications in yoga teaching? (prenatal, children’s yoga, yoga therapy, etc.)
4. Do you currently teach yoga? How often? What styles?
5. Why do you want to take this teacher training?
6. How will you use this training to serve your students and community once you have completed the course?
7. Do you have any medical concerns?

**Refund policy**

Deposit is refundable up to 45 days prior to start date. After that, it is non-refundable.

If during the course of the training, you become unable to complete the training due to medical reasons, your balance will be transferred to your account and you will be allowed to complete the training during the next cycle. There will be no other refunds.

**Signature**

I have reviewed this application and all requirements and policies.

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_