



Birchwood Center Advanced Yoga Teacher Training  
40-Hour Gentle Yoga Immersion  
October 22-23 & November 5-6, 2016

Dear Applicant,

Please complete the following steps:

1. Check the dates of program sessions to be sure you are available to attend all of the mandatory sessions.
2. Fill out the application completely and sign.
3. Submit a signed application and \$100 deposit to reserve your space in the program to Birchwood Center, 85 S. Broadway, Nyack NY 10960, Attn: Gentle Yoga Immersion. The deposit will be deducted from your total tuition balance.

The fee for this 40-Hour Gentle Yoga Immersion is \$950 and must be paid in full no later than October 22, 2016. (Payment Plan available. Contact the Birchwood Office.)

Early Registration Discount is \$800 if paid in full by October 2, 2016.

There will be no refunds once the program begins. If you withdraw from the program prior to November 6 you will receive a full refund minus a \$75 processing fee.

*Please note:* This is not a certification course. Participants will receive a certificate of completion at the end of the course but not a teaching certification.

If you have any questions about the application contact Charlene Bradin at Birchwood Center: 845-358-6409 or [info@birchwoodcenter.com](mailto:info@birchwoodcenter.com).

### Mandatory Session Dates

Saturday, October 22	12:00-6:00pm
Sunday, October 23	12:00-5:00pm
Saturday, November 5	12:00-6:00pm
Sunday, November 6	12:00-5:00pm

*Please print clearly and use the back of this sheet if more room is needed.*

Name

Address (Street, City, State and Zip)

Home Phone

Cell Phone

E-mail

Date of Birth

Occupation

Are you a Certified Yoga Instructor?    Yes    No

If Yes, at what school did you receive your Yoga Teacher Certification and what year?

Are you currently teaching yoga?    Yes    No

Where are you teaching and style(s) of yoga?

At this stage in your yoga practice, what level do you consider yourself?

What do you wish to achieve through this training?

Are you under medical supervision for any physical or emotional illness?    Yes    No

If Yes, are you taking any medication for these illnesses? Please explain.

Are you pregnant? ?    Yes    No    If yes, how many months?   

Do you have any physical limitations?    Yes    No

If Yes, please explain

**Emergency Contact**

Name   

Home Phone   

Cell Phone   

How did you find out about this program?

I certify that the above information is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Birchwood Center does not discriminate on the basis of race, color, gender, religion, national origin, age, marital status, disability, or sexual preference. The information on this application will be kept confidential.