



Birchwood Center Level I
Deepening Your Practice Application
January 3–June 8, 2019

Dear Applicant,

Thank you for your interest in the Birchwood Center Deepening Your Practice Program. Here are the forms to be completed in order to apply. Please read the entire application, print clearly, and answer all questions to the best of your ability.

Prerequisite: Six months prior yoga experience is required, i.e. consistent study with a teacher and personal practice.

Mandatory Sessions: Attendance at mandatory session dates is required. Please check dates below.

To Apply

Send your completed application with a non-refundable \$50 application fee, a refundable \$500 deposit (separate checks please) and your signed Criteria for Participation Agreement to:

Birchwood Center
85 S. Broadway
Nyack, NY 10960
Attn: Teacher Training Program

- **Criteria for Participation Agreement:** Read, sign, and return with your application. Keep one copy for your reference.
- **\$500 Deposit:** This deposit is refundable if for any reason you are not accepted into the program or if you choose to withdraw before the start of the training. If you are accepted, the deposit will be applied to your tuition. This deposit is non-refundable after January 11, 2018.
- **Applicant Meetings:** Each applicant must attend one of our group applicant meetings as part of the acceptance process, dates and times to be determined. If you cannot make a meeting we will arrange to meet with you at another time.
- **Please note:** This application does not assure your place in the program.

Tuition

Full Tuition

- \$2600 (plus \$50 application fee)

Discounts

- Save \$200 —
Pay in full by December 1, 2018:
\$2400 (plus \$50 application fee)

Payment Plan

A payment plan option is available. Pay the balance of the \$2500 tuition minus the \$500 deposit in four equal payments of \$525.

Payments will be due on:

- January 3, 2019
- February 3, 2019
- March 3, 2019
- April 3, 2019

Tuition Includes

All mandatory sessions, unlimited yoga classes for the duration of the program, and the Birchwood Center Teacher Training Manual. Tuition does not include textbooks and outside workshops.

Questions

If you have any questions about this application process or the Birchwood Center 200-hour Yoga Teacher Training you may email info@birchwoodcenter.com or call the Birchwood office: 845-358-6409.

Mandatory Session Dates

*Program begins Thursday,
January 3, 2019*

January

- Thursdays, Jan 3, 10, 17, 21, 31 – 6:00-9:00pm
- Friday, Jan 4 – 6:00-9:00pm
- Saturday, Jan 5 – 12 noon-7:00pm
- **Sunday, Jan 13 – 12 noon-3:00pm**

February

- Thursdays, Feb 7, 14, 28 – 6:00-9:00pm
- Friday, Feb 1 – 6:00-9:00pm
- Saturday, Feb 2 – 12 noon-7:00pm
- **Sunday, Feb 10 – 12 noon-3:00pm**

March

- Thursdays, Mar 7, 14, 21, 28 – 6:00-9:00pm
- Friday, Mar 1 – 6:00-9:00pm
- Saturday, Mar 2 – 12 noon-7:00pm
- **Sunday, Mar 10 – 12 noon-3:00pm**

April

- Thursdays, Apr 4, 11, 18 – 6:00-9:00pm
- Friday, Apr 5 – 6:00-9:00pm
- Saturday, Apr 6 – 12 noon-7:00pm

May

- Thursdays, May 2, 9, 16, 23, 30 – 6:00-9:00pm
- Friday, May 3 – 6:00-9:00pm
- Saturday, May 4 – 12 noon-7:00pm
- **Sunday, May 19 – 12 noon-3:00pm**

June

- Thursdays, June 6 – 6:00-9:00pm
- Friday, June 7 – 6:00-9:00pm
- Saturday, June 8 – 12 noon-7:00pm
* Graduation

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

Have you studied at Birchwood Center and if so, for how long and with whom?

How long have you been practicing yoga?

What teachers have you studied with?

What style(s) of yoga?

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

- Beginner
- Intermediate
- Advanced

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.

Criteria for Participation Agreement

Deepening Your Practice

Please take time to read through this agreement, sign it, and send one copy to us with your application. Keep the second copy for your records. Thank you.

Course Objectives:

1. To provide each student with an in-depth experience of Yoga and the consciousness it fosters.
2. To have students learn basic asanas and other yogic practices through direct experience with Birchwood Center instructors and their own personal practice.
3. To instruct students in methodology that will develop their skills as practitioners of Yoga.
4. To deepen the experience and practice of Yoga for students who are committed to Yoga as a way of life.

Certification Criteria Deepening Your Practice:

1. Attendance – To maintain the integrity of the training group 100% attendance is required, arriving to sessions on time and staying to completion. If, in an emergency, you need to miss any session, we ask that you notify the directors prior to the session.
2. Practice teaching – Full participation in group practice teaching during weekend sessions, as both teacher and student, is mandatory.
3. Home practice, required reading, written and other assignments are not required but suggested to receive the full benefit of the program and its teachings.
4. All fees must be paid in full.
5. Students are responsible for signing the attendance roster at each weekend session or weekly class. To be considered present, students must stay for the duration of the session or must talk to the director or teacher before leaving.
6. Exams and testing are not required.

I have read and understand all the above criteria for participation. I understand that I am not entitled to any refunds, credits, or adjustments resulting from my failure to complete the certification requirements.

Signature _____ Date _____