



Birchwood Center Advanced Yoga Teacher Training
40-Hour Gentle Yoga Immersion
Saturday, July 14, 2018–Sunday, July 29, 2018

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 July 14, 2018. Early Registration Discount is \$850 if paid in full by June 20, 2018. There will be no refunds once the program begins. If you withdraw from the program prior to July 13, 2018 you will receive a full refund minus a \$75 processing fee.

*Included in the tuition are 6 gentle yoga classes to be taken at Birchwood. These classes must be used by October 31, 2018

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.

Mandatory Session Dates

Saturday, July 14	12:00-6:00pm
Sunday, July 15	12:00-5:00pm
Saturday, July 28	12:00-6:00pm
Sunday, July 29	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.