

Teacher Training Session (Date and Place): _____

GENERAL INFORMATION

First name:	_____
Middle name:	_____
Last name:	_____
Address:	_____
City:	_____
State:	_____
Zip code:	_____
Country:	_____
Cellular /other primary phone:	_____
E-mail:	_____
Occupation:	_____
Date of birth (MMDDYY): (You must be 18 years of age to attend teacher training)	_____
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Emergency contact name:	_____
Emergency telephone number:	_____
Emergency relationship:	_____

HEALTH

How would you rate your general level of fitness (i.e. cardiovascular capacity, flexibility, and strength)?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
How would you rate your overall health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

YOGA PRACTICE

How long have you practiced yoga?	
Which studios/teachers have you studied under; for how long?	
Which styles of yoga have you practiced?	
How many times a week do you practice yoga?	
Have you ever practiced yoga for 30 continuous days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many times and when?	
Are you certified to teach other methods of yoga and if so which?	
What other exercise/sports do you practice and how often?	
Do you practice meditation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CAPABILITIES

Are you capable of:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
- practicing two yoga classes a day, six days a week, for five weeks;	
- attending lectures and posture tutorials for approximately five hours per day;	
- studying one to two hours per day on your own?	
- Are you able to study and memorize written material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of education:	

OTHER

List any medical conditions you have and all medications, prescription and non-prescription, that you take:

Please tell us about yourself by attaching a one-page (typewritten) summary including the following questions: Why do you want to become a yoga teacher? What are your expectations for this training? What do you hope to achieve at the completion of the program? Why did you choose the evolution teacher training?

Signature: X _____ Date: _____

Please print, scan and email to teach@TheHotTT.com or send in all with all other required information (including training fee if paid by check*) to:

**Evolution Yoga USA
108 Pierpont Ave, 2nd Floor
Summerland, California 93067**

* The Price of the training is \$10,650. This Includes the training fee and double occupancy accommodation with 2 meals per day for 5 days a week and one big meal on Saturday. You also receive transportation to and from Los Angeles International airport or Santa Barbara airport. It is not required that you stay in our organized housing however it is recommended. Price without housing is \$7,800 (including food and airport transfers). There is a Non- Refundable \$5,500 deposit required to secure your place and the balance is due 60 days prior to training start date. We know teacher training is a serious commitment of time and resources so we try to help make the costs as manageable as possible. We accept a single payment, four installments or sometimes even smaller payments spread out over a longer period. To pay by credit/debit card or by bank wire, please use the following information:

Bank of America 834 State Street, Santa Barbara, California, 93101
Routing number 026009593
Swift code BOFAUS3N (For International Wires)
Account number 325016920008
Recipient: Evolution Yoga USA
Address: 475 Barker Pass Rd., Montecito, California, 93108

Email: teach@TheHotTT.com or call: 1-561.827.8279 if you have additional questions.