

BAPTISTE POWER OF YOGA™: FOUNDATIONS YOGA STUDY
TEACHER CERTIFICATION PROGRAM
200 HR or 500 HR PROGRAM 2017

Registration Form

Applications for teacher training programs are individually reviewed. Enrollment is limited. Submission of your application indicates that you have read, understand, and agree to all of the requirements for the training and scheduled payment program.

We request along with your application a photo for your file.

Information Required:

Name:

Street Address:

City: _____ State: _____

Zip Code: _____ Country: _____

E-Mail: _____

Daytime Phone: _____

Fax: _____ Evening Phone: _____

Occupation: _____

Emergency contact:

Name: _____

Phone: _____

How did you hear about our Teacher Training program?

Please answer all questions to the best of your ability using complete sentences, be descriptive. You may answer on the back of this sheet, attach another sheet to this if necessary - please number answers to match question numbers. Thank you.

1. Please list any previous yoga experience (length of time, specific teachers, types of yoga, what is your experience level with Baptiste yoga?).

2. Why are you interested in this Teacher Training Program?

3. What are your expectations for this training? What do you hope to gain, learn, or work on?

4. Tell us about your physical health (major illness, surgeries, any injuries or physical conditions we should know about?)

5. Tell us about your emotional and mental. (any major illness or conditions we should know about?).

6. Please explain your willingness to be fully committed and attend 100% of the training.

7. List any other interesting things you think we should know about you.

8. Are you taking this program mostly towards advancing your deeper understanding of yoga to enhance your personal practice?

9. Is your goal to teach once certified?

10. Do you carry other yoga teacher or fitness instructor certifications?

11. Do you teach now? _____

12. If you are already teaching:

- How long have you been teaching? _____
- Where do you teach, or instruct? _____
- What is the structure of the class? _____
- Approximately how many students do you teach? _____
- How long is each class? _____

Registration:

Yoga Teacher Certification Registration Form:

May be hand delivered to Sherri Baptiste or mailed to:
Baptiste Power of Yoga, LLC P.O. Box 414 Kentfield, Ca 94914- or email to
info@powerofyoga.com

Yoga Workshops Registrations: Baptiste Power of Yoga and Harmonia Wellness Center in Partnership Program 2017- Contact: Yoga Director Allison Berardi 415-819-8524.

Dates Weekends 2017:

2017

SPRING SESSION

May 19,20,21

SUMMER SESSIONS

June 23, 24,25

July 21, 22, 23

August 25, 26, 27

FALL SESSIONS

October 13,14,15

October 27, 28, 29

November 10, 11,12

November 19 Graduation:

Certificates of Completion or Yoga Teacher Certification