



## APPLICATION FOR ADMISSION

**Joya Yoga Teacher Training 2019**  
**A Yoga Alliance registered 200 hour program**

**Return application to:**

Joya Yoga  
Attn: Deanna Hasni/Audrey Allen  
1923 Second Street  
Livermore, CA 94550

**Or email: Deanna@joyayoga.com**

**Name:** \_\_\_\_\_  
                                First                                Last                                M.I.

**Mailing Address:** \_\_\_\_\_  
                                street                                city

\_\_\_\_\_ **Date of birth** - mo/day/year \_\_\_\_\_  
state                                zip code

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Sex:** \_circle one **M** **F**

**Occupation:** \_\_\_\_\_

**Number of years practicing yoga?** \_\_\_\_\_

**Name(s) of teacher(s)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Yoga style(s) /Tradition(s)** \_\_\_\_\_



**Please answer the following 2 questions in 1-2 short paragraphs and attach to application:**

**1. Describe your personal practice.**

**2. Why do you wish to be a Certified Yoga Teacher at this time in your life?**

**Health Information:**

**Current Health status:** \_\_\_\_\_  
\_\_\_\_\_

**Pregnant:** Yes / No \_\_\_\_\_ Months at time of program

**Under medical treatment/supervision for:** \_\_\_\_\_

**Current Injuries? Explain:** \_\_\_\_\_

**Chronic physical limitation handicap** \_\_\_\_\_  
(e.g. vision, hearing, movement, etc.)

**Nature and extent of limitation** \_\_\_\_\_  
\_\_\_\_\_

**Prescription medications:** \_\_\_\_\_  
\_\_\_\_\_  
(indicate dosage and frequency of intake)

**Emergency contacts**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_



**Dates:** September 2019 – Jan 2020

**Price:** Early Bird ( By July 2019) \$3300

**Regular Price:** \$3700

**Payment Plan:** \$3900 (\$500 Monthly Installments with \$500 Initial Deposit due at sign up)

**Teacher Training Program students** will receive unlimited yoga classes at all Joya Yoga studios during the training.

**Requirements:**

**A. Contact hours:**

This is a 5 month program which meets 2 weekends per month from September 2019 through January 2020. Fridays 6-9pm, Saturdays and Sundays 11am-6pm.

Weekend meeting dates:

Sept 6,7,8 & 21,22  
Oct 4,5,6 & 19,20  
Nov 1,2,3 & 16,17  
Dec 11/30, 12/1 & 13,14&15  
Jan 10,11,12 & 25,26

Contact hours will also involve:

- 20 attended yoga classes with approved Joya Yoga instructors
- 3 observed yoga classes with approved Joya Yoga instructors
- 3 assisted yoga classes with approved Joya Yoga instructors

**B. Non-contact hours**

- Reading assigned texts and writing observations
- Homework
- Teach 5 classes
- Attend 2 approved workshops



**Declaration of Disclosure and Acceptance of Terms:**

I hereby declare the above information is true to the best of my knowledge. I understand that misrepresentation of this information constitutes grounds for the rejection of this application, expulsion from the program or revocation of certification. I understand that failure to complete the certification requirements will result in my not being certified. I understand that I am entitled to no refunds, credits or adjustments resulting from my failure to complete the certification requirements or uphold any of these conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_