



radiantyoga

TEACHER TRAINING APPLICATION

To register for this program please fill out the form below and attach a photo, with a \$500 non-refundable deposit. Attach additional pages if necessary.

Name:

Telephone:

Address:

Email:

City, State, Zip:

Referred by:

Why are you interested in taking the Radiant Yoga Teacher Training?

Please describe your yoga experience. (How long you have been practicing, styles practiced)

Who have been your primary yoga teachers?

Do you have any teaching experience? Tell us about it. It doesn't have to be teaching yoga.

Please list any injuries or surgeries (with date of occurrence)

Are you currently taking any medications? If yes, please describe.

Tell us anything else about yourself that you think is pertinent to who you are in relation to yoga, teaching or where you are in your life.

Signature

Date

Your signature indicates that you have read, understood and agree to all of the requirements for the Radiant Yoga Teacher Training. Should you withdraw for any reason after the course has begun, all fees are non-refundable and non-transferable.