

To pre-register, please print and fill out the form below and mail it to:
Lahiri School of Yoga, PO Box 404, Denver, N.C. 28037

Please enclose a check for \$25 made out to Lahiri School of Yoga to cover the pre-registration fee. This fee will be refunded if you do not meet the basic qualifications for this training course. Feel free to contact us at 719-460-4003, or at: lisa@lahirischoolofyoga.com. We will inform you of your acceptance into the LSY program within 2 weeks of receiving your pre-registration form.

Name: _____

Nickname (if applicable): _____ Male ___ Female ___ Birth date: _____

Address: _____

City/State/Zip: _____

Telephone (home): _____ (cell) _____

E-mail: _____

Intensive Dates for 2009: (chose a start date)

___ August 2009, Charlotte, NC

___ October 2009, Colorado Springs, CO

Anatomy Course: (select an option)

___ Yes, I will take the anatomy course LSY offers

___ I have already taken an anatomy course and will send my transcripts for your records

___ I will take an anatomy course from an outside source (please note that you cannot receive your certification without completing the anatomy section, which must be done prior to the 1st year anniversary date of the start of the program.)

LSY TEACHER TRAINING PROGRAM POLICIES

* A non-refundable application fee of \$25 applies to all applicants

* Early Bird discount applies only to those who apply 45 days in advance of the start date of Intensive of their choice

* Upon acceptance into the program, a cancellation fee of \$100 applies to all applicant cancellations regardless of circumstances ? unless other arrangements have been made prior to acceptance into the training Intensive

* Tuition must be paid in full before attending the Intensive. If we have not received your tuition in full 2 weeks prior to the training start date, you will lose your place in the program regardless of deposit, unless other arrangements have been made prior to acceptance

* Your cancellation notice must be submitted in writing via postal mail or e-mail to: Lisa@lahirischoolofyoga.com or to: Lahiri School of Yoga, PO Box: 9429, Co. Springs, Co. 80932. Your notice will not be considered valid until received & verified by our staff. We will either e-mail or phone you to confirm upon receipt

* Refunds will not be given for no-shows or for those who come late or leave early

* Please contact our office if you require further assistance or have any special needs #719.460.4003 or email us at lisa@lahirischoolofyoga.com as soon as possible

PLEASE SIGN & RETURN WITH TUITION

I have read, understood, & agree to the Lahiri School of Yoga 200hr Yoga training program policies listed above regarding tuition, refunds, & cancellations.

Signature: _____ Date: _____

PERSONAL APPLICATION

(Please answer freely & completely)

How did you hear about our training program?

Do you sustain a current yoga practice? (Please describe it including length of time that you have been practicing, the yoga style practiced, & the amount of times per week)

Describe your yoga background including all yogic studies:

Have ever you undertaken any other alternative studies? (eg: tai chi, reiki, acupuncture, chakras, astrology, chi gung, etc.)

Do you have a ____current, ____ past meditation practice? Please describe your practice:

What are your personal and/or professional goals for this teacher training?

If you are currently teaching yoga, where do you teach, what type of yoga do you teach & where did you get your training? (please include training level or hour info here)

Do you have any physical injuries or limitations that might restrict your practice? (Please list them, including treatment/exercises your physician/PT has recommended. Please use the back of this page if needed.)

Does your current yoga activity ever aggravate this condition?

Which activities do aggravate the condition?