

**YOGA TEACHER TRAINING with  
Central Mass. Yoga and Wellness**

**200 hour & 500 hour Advanced Hatha Yoga Teacher Training Application**

Complete this form and return it with an application fee of \$100.00 (non-refundable)

Please indicate if you are applying for the 200 hr or 500 hr training: 200hr \_\_\_\_\_ 500hr \_\_\_\_\_

Name: \_\_\_\_\_ F/M \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Profession: \_\_\_\_\_

**Physical Health:**

Under physician's care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_

Epilepsy? Yes \_\_\_\_\_ No \_\_\_\_\_

Diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently seeking mental health care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what condition? \_\_\_\_\_

Please list any current medications: \_\_\_\_\_

Have you ever been hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what condition? \_\_\_\_\_

Do you have any dietary requirements? \_\_\_\_\_

**When did you study Hatha Yoga?**

**What classes, seminars, and workshops have you attended in the past 1-2 years? Please include the following: In what tradition or style, at what level (e.g., beginning, intermediate, advanced), the frequency and approximate hours per week, the name of the teacher.**

**Describe your own personal Hatha practice. Include the frequency, duration, and length of time you practice.**

**List details of any previous yoga teacher training.**

**List and describe any previous Yoga teaching experience.**

**Briefly address each of the following questions on a separate piece of paper:**

**How has yoga affected your life?**

**Why do you want to become a certified Hatha/Iyengar style teacher?**

**List two references/name, address and phone number. It is preferred that at least one reference is from a current yoga teacher.**

**Tuition and Payment Policy:**

A non-refundable deposit of \$100.00 is required with your application. If accepted, this \$100.00 application fee will be applied towards your tuition. We accept check, m/c, visa or cash. Please mail payment with application to: Central Mass Yoga and Wellness, 45 Sterling Street #28, West Boylston, MA 01583. All fees and schedules are subject to change without notice.

**200 hour tuition and payment policy:**

\$3,300 for payment in full by September 1, 2012 \_\_\_\_\_

\$3,500 for payment in full by January 2013 start date \_\_\_\_\_

OR

Payment plan of 4 consecutive monthly installments of \$925/month (total \$3700) \_\_\_\_\_

**500 hour tuition and payment policy:**

\$2,800 for payment in full by September 1, 2012 \_\_\_\_\_

\$3,000 for payment in full by January 2013 start date \_\_\_\_\_

OR

Payment plan of 4 consecutive monthly installments of \$800/month (total \$3200) \_\_\_\_\_

Contact Laurie Stokes with any payment inquiries: [lms@stokesoffice.com](mailto:lms@stokesoffice.com)

**Refund Policy:**

Refunds are available up to 30 days before training begins minus the registration fee of \$100.00. After this time no refund or credit will be given if you decide not to attend. Should you decide not to attend after deposit or payment in full has been paid no credit will be issued for a training of a later date. Full payment will be required. Once the training begins, no refund or credit will be given.

I understand that acceptance for attendance at CMY programs is at the sole discretion of CMY and will be determined based upon satisfactory completion of the applicable requirements, my references, and CMY's assessment of my general qualifications to teach yoga.

Signature \_\_\_\_\_