



**200 HOUR YOGA ALLIANCE  
TEACHER TRAINING INTENSIVE COURSE  
APPLICATION**

**1. Personal Information:** (please PRINT clearly and fill out entire form)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ 2<sup>nd</sup> : \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

**2. Emergency Contact:**

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Personal Information as relates to the study of yoga:**

Number of years practicing asana. \_\_\_\_\_  
Which style(s) of yoga have you studied? \_\_\_\_\_

What style(s) of yoga do you currently practice? \_\_\_\_\_

Who do you study with, past and present? Please include where and how long, and if they are fully certified as a yoga instructor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have a regular daily practice? \_\_\_\_\_  
If yes, does your practice include: (please check all that apply)  
Asana \_\_\_ Pranayama \_\_\_ Meditation \_\_\_ Chanting \_\_\_

Do you teach yoga? \_\_\_\_\_ if yes: where, what, how long, and who trained you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Health Information:**

Please list any physical conditions, illness, injuries, etc. that you have had or currently have:

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Are you taking any medication(s)? \_\_\_\_\_ if yes, please list: \_\_\_\_\_

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**5. Essay:**

On a separate piece of paper, please answer the following questions:

1. Autobiography in 500 words or less.
2. Why do you want to participate in this program?
3. Why do you want to study with Kathi Perry?

**Application Fee:** Applied to tuition if accepted into program, non refundable. \$500  
If not accepted at this time, a full refund will be given.

**Lectures:**  
Participation in lectures to ensure comprehension of all materials taught and covered as outlined per Yoga Alliance.

**Reading Material:**  
Reading material will be presented at the time of assignment. These books are yours to keep and included in your tuition. A comprehensive workbook will be issued but not complete until graduation, *at that time* it is yours to keep.

**Personal Yoga Classes**  
It is important for you to have a daily practice during your participation in this program. Teacher Training personal practice classes are included in your tuition.

**Comprehension Test:**  
Done in a class setting in order to receive certification.

**Tuition:**  
Due in full at time of acceptance into program or arrangements must be made before course begins.  
*Tuition is non refundable*

I understand that after I submit this application form, I will need to be interviewed before I am accepted into this program. If I am not accepted at this time, I understand that I will receive my application fee in full. I also understand that this course is voluntary and I take full responsibility for my success in this course. I have read and understand this application and all above personal information is true to my best recollection.

\_\_\_\_\_  
Signature of Applicant Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Director Date \_\_\_\_\_

**Return completed application and fee to:**

Franklin Yoga Center School  
ATTEN: Kathleen Perry  
167 Gardenia Way / Franklin, TN 37064  
Phone: 615 957-5188

