



# 2020-21 Yoga Teacher Training Application

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

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

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

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

Emergency contact name: \_\_\_\_\_ Phone \_\_\_\_\_

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Are you a member of Soma Cura Wellness Center?       Yes       No

How long have you been practicing yoga? \_\_\_\_\_

At Home       At a studio       At a gym       Other: \_\_\_\_\_

What type[s] of yoga do you primarily practice? \_\_\_\_\_

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List any injuries, past or present, that may be relevant in your practice \_\_\_\_\_

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List any medical issues that may be relevant in your practice \_\_\_\_\_

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How did you hear about our training? \_\_\_\_\_

Please list any trainings/certifications that you think may be relevant \_\_\_\_\_

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What are your expectations to what you want to learn in your teacher training? \_\_\_\_\_

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Please anything else of interest, you would like to share with us \_\_\_\_\_

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References:

_____	_____	_____
Name	Phone Number	Relationship

_____	_____	_____
Name	Phone Number	Relationship

_____	_____	_____
Name	Phone Number	Relationship

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Please submit this application, along with an essay (approx. 800 words) explaining why you want to enroll in our Yoga Teacher Training program

Application and essays can be submitted at Soma Cura Wellness Center or email [ytt@somacura.com](mailto:ytt@somacura.com). A \$500 deposit will then be required to hold your spot.

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Every YTT session is MANDATORY. You must attend every session in order to qualify for certification. Please make all arrangements to attend.

September 11-13

January 8-10

October 9-11

February 5-7

November 6-8

March 12-14

December 4-6

April 9-11

\_\_\_\_\_ (Initial Here) I have made note of these dates and am available for class. I also commit to making every effort to come to every session.

If you have any questions, feel free to call or email us.

We are so excited for you to go on this journey with us!