

2021 Yoga Teacher Training Application

Date:				
Name:				
Address:				
Phone:	Em	ail:		_
Emergency contact nan	ne:	Phone		
•	oma Cura Wellness Center? n practicing yoga?			
☐ At Home	☐ At a studio	☐ At a gym	☐ Other:	
What type[s] of yoga do	o you primarily practice?			
List any injures, past or	present, that may be relevant in	n your practice		
List any medical issues	that may be relevant in your pra	octice		
How did you hear abou	t our training?			
Please list any trainings	/certifications that you think ma	y be relevant		
What are your expecta	tions to what you want to learn	in your teacher traini	ng?	
Please anything else of	interest, you would like to share	e with us		

References:			
Name	Phone Number	Relationship	
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Please submit this application our Yoga Teacher Training pr	n, along with an essay (approx. 800 words) explain ogram	ing why you want to enroll in	
Application and essays can be \$500 deposit will then be red	e submitted at Soma Cura Wellness Center or ema quired to hold your spot.	ail <u>ytt@somacura.com</u> . A	
Every YTT session is MANDAT make all arrangements to att	FORY. You must attend every session in order to quend.	ualify for certification. Please	
Sept 16-18 Oct 21-23 Nov 18-20 Dec 9-11	Jan 13-15 Feb 10-12 March 10-12 April 7-9		
(Initial Here) I hevery effort to come to every	have made note of the dates and am available for y session.	class. I also commit to making	
If you have any questions, fee	el free to call or email us.		
We are so excited for you to	go on this journey with us!		