



2025 Yoga Teacher Training Application

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency contact name: _____ Phone _____

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? _____

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

List any medical issues that may be relevant in your practice _____

How did you hear about our training? _____

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

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

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

References:

| | | |
|---------------|-----------------------|-----------------------|
| _____ Name | _____ Phone Number | _____ Relationship |
| _____ Name | _____ Phone Number | _____ Relationship |
| _____ Name | _____ Phone Number | _____ Relationship |

Please submit this application, along with an essay 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. A \$500 deposit will then be required to hold your spot.

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

Sept 19-21
Oct 17-19
Nov 14-16
Dec 12-14

Jan 16-18
Feb 20-22
March 20-22
April 17-19

_____ (Initial Here) I have made note of the 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!