

2024 Yoga Teacher Training Application

Date:				
Name:				
Address:				
Phone:	Em	nail:		
Emergency contact name:		Phone		
Are you a member of	Soma Cura Wellness Center?	☐ Yes ☐	No	
How long have you be	een practicing yoga?			
☐ At Home	☐ At a studio	☐ At a gym	☐ Other:	
What type[s] of yoga	do you primarily practice?			
List any injures, past o	or present, that may be relevant i	n vour practice		
List arry mjares, past t	or present, that may be relevant.	you. practice		
List any medical issue	s that may be relevant in your pr	actice		
List arry incurear issue	s that may be relevant in your pro			
How did you hoar abo	out our training?			
Tiow aid you flear abo	out our training:			
Please list any training	gs/certifications that you think m	ay be relevant		
What are your expect	ations to what you want to learn	in your teacher traini	ng?	
Please anything else o	of interest, you would like to shar	e with us		

References:		
 Name	Phone Number	Relationship
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Please submit this application, Training program	along with an essay explaining why you want	t to enroll in our Yoga Teacher
Application and essays can be \$500 deposit will then be requ	submitted at Soma Cura Wellness Center or e ired to hold your spot.	email <u>ytt@somacura.com</u> . A
	RY. You must attend every session in order to to attend. Exact dates will be announced in M	
Sept 13-15	Jan 10-12	
Oct 11-13	Feb 7-9	
Nov 8-10	March 14-16	
Dec 6-8	April 11-13	
(Initial Here) I ha every effort to come to every s	ve made note of the dates and am available fession.	for class. I also commit to making
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!	