



Kali Natha Yoga Teacher Training Application

Contact Information

Name	
Spiritual/Preferred Name	
Street Address	
City, State ZIP	
Home Phone	
Work Phone	
E-Mail Address	
Date of Birth	

How did you hear about us? _____

Yoga Experience

What is your experience with yoga? How long have you been studying? What does yoga mean to you?

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Teacher Training

What has drawn you to take the Kali Natha Yoga Teacher Training? Why do you want to teach Kali Natha Yoga?

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How do you currently practice yoga "off the mat"? How do you apply yogic philosophy to your everyday life?

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Spirituality

Are you willing to commit to an in-depth spiritual practice, such as daily sadhana, during the training?

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Have you had any previous experience in spiritual community? Have you ever studied with a spiritual master or experienced a teacher of the Guru tradition?

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Personal health

Do you have any injuries, or physical, mental or emotional limitations that may affect your participation? If so, please list clearly. Do you have any allergies? Please list clearly.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State ZIP	
Home Phone	
Work Phone	
E-Mail Address	

Program Details:

	Weekend Program: Dates: Feb. 15-17; Mar 15-17; Apr 5-7; April 26-28; May 24-26; June 21-23; July 18-21.	Tuition: \$2550 pay in full, \$2900 payment plan Lodging and meals: \$65/night, 15 nights totaling \$3525, or \$3875 pay't plan. Commuter package: \$2900 pay in full, \$3250 Pay't plan includes meals
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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted in the Teacher Training Program, any false statements, omissions, or other misrepresentations made by me on this application may result in discontinuation of my training.

Name (printed)	
Signature	
Date	