

APPLICATION FOR ADMISSION

Joya Teacher Training A Yoga Alliance registered 200 hour program



Return application to:

Joya

Attn: Deanna Hasni/Audrey Allen PO Box 2790

Dublin, CA 94568

Or email: deanna@joyayoga.com or audrey@joyayoga.com

Name:				
First	Last	N	1.1.	
Mailing Address:				
Street	City	State	Zip	
Date of birth, mo/day/year:				
Home Phone:	Cell Phone:		·	
Email:		Sex: (c	ircle one) M	F
Occupation:				
Number of years practicing yoga?				
Name(s) of teacher(s)				

1JOYA TEACHER TRAINING APPLICATION

Yoga style(s) /Tradition(s)
Please answer the following 2 questions in 1-2 short paragraphs and attach to application:
1.Describe your personal practice.
2.Why do you wish to be a Certified Yoga Teacher at this time in your life?
The Due grows
The Program
A. Contact Hours:
This is a 5 month program which meets 2 weekends per month January through May. Fridays 6-9pm, Saturdays and Sundays 11am-7pm.
Weekend meeting dates:
rreema meeting dates.
Contact hours will also involve:
- 20 attended yoga classes with approved Joya instructors
- 3 observed yoga classes with approved Joya instructors

2JOYA TEACHER TRAINING APPLICATION

- 3 assisted yoga classes with approved Joya instructors

B. Non-contact hours

- Reading assigned texts and writing observations Homework
- Teach 5 classes
- Attend 2 approved workshops

Health Information:

Current Health status:		
Pregnant: Yes / NoMonths at time of prog		
Under medical treatment/supervision for:		
Current Injuries? Explain:		
Chronic physical limitation handicap:hearing, movement, etc.)	(e.g. vision,	
Nature and extent of limitation:		
Prescription medications:		
(indicate dosage and frequency of intake)		
Emergency Contacts		
Name:	_Phone:	

3JOYA TEACHER TRAINING APPLICATION

Physician:	Phone:
,	
<u>M</u> :	ore Details:
Dates: January - May	
Price: Early Bird (By October) \$3300	
Regular Price: \$3700	
Payment Plan: \$3900 (\$500 Monthly I sign up)	nstallments with \$500 Initial Deposit due at
Teacher Training Program students w studios during the training.	vill receive unlimited yoga classes at all Joya
Requirements:	
Declaration of Disclosure and Accept	ance of Terms:
understand that misrepresentation or rejection of this application, expulsion certification. I understand that failure will result in my not being certified. I	e to complete the certification requirements understand that I am entitled to no refunds, my failure to complete the certification
Signature:	
Date:	