Yoga Teacher Training Program

APPLICATION FOR ADMISSION

NAME:	
ADDRESS:	POSTAL CODE:POSTAL CODE:
PHONE (HOME):	PHONE (CELL):
EMAIL:	DATE OF BIRTH:
OCCUPATION:	
HOW DID YOU HEAR ABOUT THIS	PROGRAM?
Entry into this program will be base	d upon completion of Grade 12 or equivalent and fluency in English
Privacy Act, and is needed to process y	ted and used in compliance with the Freedom of Information/Protection of your application for admission. If you have any questions about the collection Yoga By The Sea, at 604.989.2382. To protect our students' privacy, credit
IF PAYING DEPOSIT BY CREDIT CAI	RD PLEASE FILL OUT THE FOLLOWING:
\square Visa \square MasterCard	
Card Holder Name:	
Credit Card Number:	
Expiry Date: Signature:	
PLEASE PROVIDE THE FOLLOWING	WITH YOUR APPLICATION FORM:
1) RESUME, INCLUDING:	
Your work history and education	
• One personal or professional lett	er of reference
2) PERSONAL ESSAY: DOUBLE-SPA	CED, TYPED, 1 PAGE, INCLUDING:
How long you have been practicing	
• What you hope to receive from the	
How you plan to use your teacherYour general/overall physical and	
What has made you apply to this	
3) DEPOSIT PAYMENT:	
A cheque or etransfer, to "Yoga by transferable application fee of \$50	the Sea", or credit card payment below, for the non-refundable, non- 0
I certify that all statements on the SIGNATURE:	nis application and within the attachments are accurate.
DATE:	

PLEASE SUBMIT COMPLETED APPLICATION AND DOCUMENTS TO:

Attn: Marney Coulter, Director, Yoga Teacher Training, Yoga by the Sea, PO Box 188 Roberts Creek, BC VON 2W0

 $\textbf{Learn more.} \ \text{marney@yogabythesea.ca} \ \textbf{T} \ 604.989.2382 \ www.yogabythesea.ca$

APPLICATION DEADLINE:

August 31, 2020