200 Hour Yoga Teacher Training Program

APPLICATION FOR ADMISSION

| NAME: | |
|--|---|
| NAME: | POSTAL CODE: |
| PHONE (HOME): | PHONE (CELL): |
| EMAIL: | |
| OCCUPATION: | |
| HOW DID YOU HEAR ABOUT THIS PROGRAM? | |
| Entry into this program will be based upon comple | tion of Grade 12 or equivalent and fluency in English |
| Privacy Act, and is needed to process your application | compliance with the Freedom of Information/Protection of n for admission. If you have any questions about the collection a, at 604.989.2382. To protect our students' privacy, credit |
| IF PAYING DEPOSIT BY CREDIT CARD PLEASE FI | LL OUT THE FOLLOWING: |
| ☐ Visa ☐ 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 educationOne personal or professional letter of reference | re |
| 2) PERSONAL ESSAY: DOUBLE-SPACED, TYPED, • How long you have been practicing yoga, and you | |
| What you hope to receive from this program | what style |
| How you plan to use your teacher training in p | oractice |
| • Your general/overall physical and mental heal | |
| What has made you apply to this program at the | nis time |
| 3) DEPOSIT PAYMENT: | |
| | redit card payment below, for the non-refundable, non- |
| I certify that all statements on this application SIGNATURE: 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, 2023