300 Hour Advanced Yoga Teacher Training Program

APPLICATION FOR ADMISSION

NAME:	
ADDRESS:	POSTAL CODE:
PHONE (HOME):	PHONE (CELL):DATE OF BIRTH:
EMAIL:	DATE OF BIRTH:
OCCUPATION:	
HOW DID YOU HEAR ABOUT THIS	PROGRAM?
Entry into this program will be based	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 CAF	RD PLEASE FILL OUT THE FOLLOWING:
\square Visa \square MasterCard	
Card Holder Name:	
Credit Card Number:	
Expiry Date: CV: Signature:	
PLEASE PROVIDE THE FOLLOWING	WITH YOUR APPLICATION FORM:
1) RESUME, INCLUDING:	
Your work history and education	
 Letter of Intention, why you want your studies. 	t to continue
2) PERSONAL ESSAY: DOUBLE-SPA	CED, TYPED, 1 PAGE, INCLUDING:
• How is your yoga sadhana comin	ng along
 What you hope to receive from the 	
How you plan to use this training	
Your general/overall physical and	
What has made you apply to this	program at this time
3) DEPOSIT PAYMENT:	
A etransfer, to "Yoga by the Sea", or acceptance) non-transferable appli	r credit card payment below, for the non-refundable, (*based on ication fee of \$500
I certify that all statements on th	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

Learn more. marney@yogabythesea.ca **T** 604.989.2382 www.yogabythesea.ca

APPLICATION DEADLINE:

September 1st, 2025