

Blue Moon Yoga and Fitness Teacher Certification Program Application

Applications for our teacher training programs are individually reviewed. Submission with your deposit payment of \$500 indicates that you have read, understand, and agree to all of the requirements for this training. You will be notified via email of your acceptance into the program. If you are not accepted to the program, your application fee will be refunded.

We reserve the right to cancel a program at any time. We reserve the right to revise the training schedule and dates at any time.

I have read and understand the terms and requirements.

Yes *(required)*

I have read the program terms.

Yes *(required)*

Please Select the Program for Which You Are Registering:

200 hr 8-Weekend Intensive TCP with Karen Cutrona Underwood, Blue Moon Yoga and Fitness, Ormond Beach FL, starting **January 6, 2012.**

How did you learn about our program?

Personal Information

Name:	<input type="text"/>
Street Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zipcode:	<input type="text"/>
Country:	<input type="text" value="USA"/>
E-Mail:	<input type="text"/>
Daytime Phone:	<input type="text"/>
Evening Phone:	<input type="text"/>

Occupation:

Gender: Male Female

Age:

Marital Status:

Emergency contact:

Name:

Phone:

Please answer all questions to the best of your ability using complete sentences, with a minimum of 50 words where appropriate.

Yoga Practice and Experience

1. Describe your yoga practice:

- How long have you been practicing?
- Who have been your most influential teachers and why?
- List any trainings, intensives or retreats attended and why?
- What style(s) of yoga do you practice?
- How often and how long do you practice?

2. Why do you want to pursue yoga teacher training at Blue Moon?

3. Do you currently teach yoga? If so, how long and where?

Physical Health

Please note that this section of the application is mandatory and that you will not be accepted without filling in these required fields accurately and honestly.

How would you evaluate your current health?

- Excellent
 Good
 Fair
 Some Challenge

Are you currently, or during the last two years have you been under the care of a physician or other health care professional?

- Yes No

If Yes, for what reason?

Do you have epilepsy?

- Yes No

Do you have diabetes?

- Yes No

List the health care professional's name, specialty and address:

Name:

Specialty: