



BODHI TREE YOGA

TEACHER TRAINING  
PROGRAM 2005-2006

APPLICATION



The most important prerequisite to qualify for the Bodhi Tree Yoga Teacher Training Program is a passion to learn and a willingness to change and grow. Ideally, an applicant will have attended Yoga classes consistently for two or more years or completed 200 hours of Yoga practice.

An applicant should do the following:

1. complete an application;
2. provide details of Yoga hours completed including Type of Yoga, Teacher, Location and City if not in Regina, Dates & Total Hours (e.g., Level 1, Janice Lorenzana, Yoga Gateway, Jan-Apr 2005, 22.5 hrs.);
3. complete a short essay explaining why you want to become a yoga teacher and wish to do Teacher Training at Bodhi Tree Yoga; and,
4. provide a letter of recommendation from your Yoga Teacher or a character/professional reference.

Please provide the following information, so that we may promptly process your application. You may hand deliver your application or mail it to us at 3301 College Ave., Regina, SK, S4T 1W3

## 1. PERSONAL INFORMATION

Last name: \_\_\_\_\_

Place Photo Here

First name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## 2. PREREQUISITE INFORMATION

What style(s) of Hatha Yoga do you practice regularly?

\_\_\_\_\_

\_\_\_\_\_

**How long is your daily practice (in hours)? \_\_\_\_\_**

**Approximately what year did you start to practice Yoga?**

\_\_\_\_\_

**Please provide the names of your principal teachers and/or schools:**

\_\_\_\_\_

\_\_\_\_\_

**If you meditate, how long have you been meditating, and how often do you practice meditation?**

\_\_\_\_\_

### **3. HEALTH INFORMATION (Confidential)**

**If you are under medical treatment or supervision, for which condition(s)?**

\_\_\_\_\_

**If you are pregnant, in which month will you be at the time of the program's commencement?**

\_\_\_\_\_

**If you are currently receiving psychotherapy, psychiatric treatment, and/or counselling, for which condition?**

\_\_\_\_\_

**If you have any chronic physical impairment (e.g., vision, hearing, movement, etc.), what is the nature and extent of your health challenge?**

\_\_\_\_\_

### **4. EMERGENCY CONTACTS**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Physician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## 5. ADDITIONAL INFORMATION

**How did you learn about The Bodhi Tree Yoga Teacher Training Program? (Please circle all applicable.)**

- TYG teacher/student
- TYG Website
- Family/friend or Health Care Provider
- Other: \_\_\_\_\_

## 6. PAYMENT

**The tuition of the Teacher Training Program is \$2500. The Registration Fee or Deposit of \$500 is payable by cheque and due upon acceptance into the program. Student s can opt to pay the balance of their tuition with a series of post-dated cheques over the period of study.**

## 7. INTERVIEW

**An interview will be scheduled as soon as we receive your application.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**