

**Samapatti Yoga Teacher Training Program 2019-2020  
Application Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email address \_\_\_\_\_

**Part I:**

1. When did you start practicing yoga? \_\_\_\_\_

2. How often do you practice? \_\_\_\_\_ Daily \_\_\_\_\_ 3-5 days/week \_\_\_\_\_ 1-2 days/week  
\_\_\_\_\_ Less than once/week

3. How long are your sessions? \_\_\_\_\_ 15-30 minutes \_\_\_\_\_ 30-60 minutes  
\_\_\_\_\_ 60-90 minutes \_\_\_\_\_ 90+ minutes

4. Describe your current yoga practice in detail. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Which of the following do you practice regularly? (Check one or more)  
\_\_\_\_\_ Asanas \_\_\_\_\_ Pranayama \_\_\_\_\_ Meditation \_\_\_\_\_ Other

6. Which of the following styles of hatha yoga have you practiced? (Check all that apply)

_____ Ashtanga	_____ Bikram	_____ Iyengar
_____ Kripalu	_____ Sivananda	_____ Integral
_____ Kundalini	_____ Classical	_____ Not sure _____ Other

7. List all previous education beyond high school and all professional skills and qualifications you have. \_\_\_\_\_  
\_\_\_\_\_

8. Current employment/occupation. \_\_\_\_\_  
\_\_\_\_\_

9. Previous experience with yoga (Please list all classes and teachers both from hatha yoga and mediation experiences, attach a separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Why you would like to become a Samapatti yoga teacher? (Use additional paper if needed.)

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**Part II: Health Conditions**

Please describe any physical or mental health conditions that might affect your participation in this program. List any medication you are presently taking or surgeries you have undergone in the past ten years or any chronic pain, joint strain, muscle strain or other physical issues that you presently have or ever feel in the course of a normal day or in practicing yoga. Indicate if you are pregnant or recently gave birth (within the past 18 months). Please attach additional sheets of paper as necessary to provide accurate and complete information as requested here. Please feel free to add any other health-related information you wish to bring to our attention.

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**Part III: Course fees:**

Option 1: \$2750 One (1) payment due with application.

\*EARLY REGISTRATION Discount = \$2475.00 (due by June 15, 2019)

Option 2: \$1400- Two (2) payments: one due with application and November 2019 intensive.

Option 3: \$945- Three (3) payments: one due with application, November 2019 and January 2020 intensives.

Option 4: 8 monthly payments of \$360, starting September 2019

OR Audit: One payment of \$800

**REFUND POLICY:** \$600 of the entire program fee is non-refundable. \$400 of that deposit is transferable for up to one year to the next Yoga Room Teacher Training for the same applicant. \$200 of the deposit is retained as a transfer fee. To transfer this amount, you must notify Mike in writing before the program start date.

**Refunds** to persons accepted into the program are as follows:

- If you withdraw up to 10 days before the program start date, your entire balance (less the \$600 deposit) will be refunded.
- If you withdraw from 10 days up to, but not including the program start date, 75% of your balance (less the \$600 deposit) will be refunded.
- On or after the program start date, there are NO REFUNDS and you are responsible for paying the entire balance for the whole training.
- If you withdraw any time during the program, on or after the program start date, and are on a payment plan, you remain obligated to make all remaining payments for the **entire program**.

When your application is accepted for the training, you will be contacted in writing within a few weeks. If for some reason you are turned down for the training, your payment will be refunded.

signature: \_\_\_\_\_

date \_\_\_\_\_

-I agree with the above refund policy

Submit this form, along with your payment to: The Yoga Room, 418 N. Main St., Crown Point, IN 46307