



RYT 200 Training Application

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Social Security Number: _____

Birth Date: _____ Marital Status: _____

How would you like your name to appear on your certificate? _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

A non refundable deposit of \$500.00 is due immediately to hold your spot. Full amount must be paid before training starts. Attendance and full payment is mandatory to participate and graduate from Chesapeake Hot Yoga's Teacher Training program. Tuition is non-refundable and due in full, regardless of payment method and attendance.

I have read, understand and agree to the above terms and conditions

Signature: _____ Date: _____

1. How did you become interested in teaching Yoga?

2. Are you currently teaching?

3. Where do you practice Yoga, and how often?

4. Do you have any injuries or physical conditions we should know about?

5. Are you interested in operating/owning your own Yoga business?

6. Would you be interested in teaching at Chesapeake Hot Yoga?

7. If yes, what times would you be available?

8. How did you hear about us?

9. Is there anything else you would like us to know about you?