



300 Hour Advanced 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: _____

Full amount of tuition 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 regardless of payment method.

I have read and understand the above terms and conditions

Signature: _____ Date: _____

Questionnaire

1. From what institution did you receive your RYT 200?

2. How did you become interested in teaching Yoga?

3. Are you currently teaching?

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

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

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

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

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

9. How did you hear about us?

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