

# Baptiste Power Yoga St. Louis 200 Hour Teacher Training Application

## *Demographics*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: F \_\_\_ M \_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Occupation (s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

How did you hear about our program? \_\_\_\_\_

## *Questions*

Please respond to the following questions. Use additional space as needed.

1. What would you tell someone about yoga who has never taken a yoga class?
  
  
  
  
  
  
  
  
  
  
2. What has brought yoga into your life and what has it done for you?
  
  
  
  
  
  
  
  
  
  
3. How long have you been practicing yoga?
  
  
  
  
  
  
  
  
  
  
4. Why do you wish to go through this process?
  
  
  
  
  
  
  
  
  
  
5. What style(s) of yoga do you practice or have you explored?

6. How often do you practice?
  
7. What aspects of yoga do you practice \_\_\_ Asana \_\_\_ Pranayama \_\_\_ Meditation \_\_\_  
Chanting \_\_\_ Other \_\_\_\_\_
  
8. Are you currently teaching yoga? If so, where, how often?
  
9. What things in your life will help you be a teacher?
  
10. What does a yoga teacher need to be or to have, to be a yoga teacher?
  
11. What are you seeking with this training?
  
12. What aspects, or styles, of yoga are you most interested in learning more about?
  
13. Is there anything we need to know that may affect your ability to participate in and complete this program?
  
14. What three people would you want to be at a dinner party? What would you want to know from each of them?

**PART III – Payment Information: Payment Schedule:**

1. Total tuition fee is \$2,500 (early bird discount may be in effect)
2. \$200 Application fee. Due with application. Non-refundable.
3. \$500 Deposit due upon program acceptance.
4. Remaining tuition is due before the completion of the program, paid in full or by payment plan.

Billing Information:

Full Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ Code: \_\_\_\_\_

Credit Card Type:  American Express  Visa  MasterCard  Discover

By signing, I acknowledge and agree to the payment schedule above. I understand that tuition is subject to sales tax relative to each state in which I complete my training. I understand that, once accepted into the program, payment is non-refundable. I further understand that if payment is not received by the stated deadline, my space in the program and deposit will be forfeited and I waive any and all rights to a refund. I authorize Baptiste Power Yoga St. Louis to initiate credit card debit entries for tuition payments according to the schedule above.

Agreement to the Terms of the Baptiste Power Yoga St. Louis 200-Hour Teacher Training. I understand that, upon fulfilling all requirements of the Baptiste Power Yoga St. Louis Teacher Training, I will be eligible to receive my 200-Hour Teacher Certification through Baptiste Power Yoga St. Louis and Yoga Alliance. I understand that, upon acceptance into the Baptiste Power Yoga St. Louis Teacher Training, my deposit and any tuition paid are non-refundable should I, at any time, chose not to continue or complete the program.

If unusual circumstances prevent me from completing my training or satisfying my requirements, I may be permitted to complete or "retake" missed parts of the program during make-up sessions. Requests for make-up sessions must be made in writing, and approved by the director. I understand that three or more missed sessions may result in my not graduating the training.

I understand that Baptiste Power Yoga St. Louis Teacher Training will not release my certificate until all requirements are completed, and that completing the Yoga Alliance certification requirements does not guarantee graduation of the Baptiste Power Yoga St. Louis Teacher Training program. I understand that Baptiste Power Yoga St. Louis reserves the right to ask me to leave the program at any point if my behavior is destructive, inappropriate, unethical or violates the Yoga Alliance ethical guidelines. In these circumstances, I understand that all tuition paid will not be refunded.

I understand that all Baptiste Power Yoga St. Louis Teacher Training materials, written or electronic, created by Baptiste Power Yoga St. Louis and provided to me during the course of this program are not to be copied, reproduced, or distributed, in whole or in part, or by any means without express written consent of Baptiste Power Yoga St. Louis

I understand and agree to the above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date