

**LIVING YOGA TEACHER TRAINING  
at Mandala Yoga Community  
Bend OR**

**Application Instructions**

- 1. Fill out Application including: Personal Information, Medical History, About You section, and Essay Questions.**
- 2. Submit application with \$108 non-refundable application fee.**
- 3. Make full payment.**

*\*\*The total cost for the program is \$1296 + a \$108 application fee. However, if a full commitment (meaning full tuition payment) is made by July 30, 2011, your tuition will be discounted to \$1080 and the application fee will be waved.*

**Please submit your application by one of the following options:**

**1. in person to the studio:**

between the hours 9-12am and 3-6pm Mon-Thurs  
you can also leave your application in an envelope on the desk.

**2. email:** mandalayogabend@mac.com  
subject: YTT

**3. mail:** Mandala Yoga Community  
attn: YTT  
c/o Kat Seltzer  
1314 NW Federal St.  
Bend OR 97701

**mandala**

cultivating the practice of yoga & the joy of community daily **yoga community**  
55 nw minnesota st. | downtown bend | 541 678 5183 | mandalayogabend.com

## Personal Information

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ State \_\_\_ zip \_\_\_\_\_

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

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

## Emergency Contact

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

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

## Medical History

1. What is your current state of health?

Excellent \_\_\_\_\_

Good \_\_\_\_\_

Fair \_\_\_\_\_

2. What are your current physical challenges, if any? \_\_\_\_\_

3. Do you have Epilepsy, Diabetes, or are Pregnant? \_\_\_\_\_

4. List current medications. \_\_\_\_\_

5. Is there anything should we know about your medical history? Please list.

\_\_\_\_\_

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## About You

1. How long have been practicing yoga? \_\_\_\_\_
2. How many day per week do you practice? What style? \_\_\_\_\_
3. Where do you practice, normally? \_\_\_\_\_
4. Do you have a personal (non-studio) practice? \_\_\_\_\_
5. Who have been your primary teachers? where? \_\_\_\_\_  
\_\_\_\_\_
6. Do you practice meditation, pranayama? \_\_\_\_\_
7. What area of Yoga challenges you the most? \_\_\_\_\_  
\_\_\_\_\_
8. Are you currently teaching? Where? \_\_\_\_\_

## Essay Questions

1. What qualities do a good yoga teacher embody? Why?
  
  
  
  
  
  
  
  
  
  
2. Why do you want to take this program?

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3. What are your expectations and what do you hope to accomplish during this program?

4. What do you hope to do (in the world) with this training?

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## Payment Information

**\*\$108 application fee is due with application.**

**\*\$208 non-refundable tuition deposit is due February 15, 2011**

**\*Remaining tuition - \$1080 - is due February 20, 2011**

**I am paying by check.** Please mail to Mandala Yoga Community Living Yoga Teacher Training c/o 1314 NW Federal st., Bend OR 97701. Please makes check payable to "Mandala."

**I am paying by credit card.** Visa/Mastercard only please.

Credit Card # \_\_\_\_\_ exp \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the payment of \$ \_\_\_\_\_  
Initial: \_\_\_\_\_

I understand that if I fulfill all the requirements of Living Yoga Teacher Training at Mandala Yoga Community, including all in-class hours, homework, tests, and exams, I will receive a certification of completion which will need to be submitted to Yoga Alliance to receive Registered Yoga Teacher (RYT) status at the 200 hour level. I understand that MYC reserves the right to ask me to leave the program if my behavior is "unbecoming a teacher" - inappropriate, unethical or violates Yoga Alliance's ethical guidelines. If this is the case, I understand that my tuition will not be refunded. I understand that if I cancel 14 days prior to the start of this training, my deposit may be transferred to a future YTT program. If I cancel with in 14 days, my tuition deposit will not be refunded, but the remaining balance will. No refunds or transfers will be issued once the program begins. I understand that in this program, my full participation is required. I will respect the guidelines asked of me by my teacher(s).

I have read and accept the above terms. Yes No Initial \_\_\_\_\_

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