



200-Hour Yoga Teacher Training Application 2026-27

Instructions: Please submit your application through US mail, to Pamela Meriwether at 1443 Mohawk Drive, West Columbia, SC 29169 or via email to Pmeriwether22@gmail.com. We have a rolling admissions process, so we recommend that you submit your application as soon as possible, due to limited enrollment. A minimum \$150 application fee is required to reserve your place in the training program.

Personal Information:

Name: _____ Date: _____

Address: _____

City/State: _____ Zip: _____

Email: _____

Phone (Cell): _____ (Other): _____

Birthdate: _____ Occupation: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

How did you first learn about the Sakhi Yoga School?

Medical History: Attach an additional sheet if necessary.

1. How would you describe your current physical health?

Excellent _____ Good _____ Fair _____ Some Challenges _____

(briefly describe) _____

2. How would you describe your current mental health?

Excellent _____ Good _____ Fair _____ Some Challenges _____

(briefly describe) _____

3. Please describe any injuries that may affect your ability to fully participate in the program.

4. Please describe any medical conditions that may affect your ability to fully participate in the program.

5. Have you had any surgeries in the past year? If so, please explain.

6. Is there anything else we should know about your medical history?

Yoga Experience:

7. How long have you been practicing yoga? _____

8. How many days per week do you practice yoga? _____

9. What style(s) of yoga do you currently practice? _____

10. Do you currently have a regular yoga teacher? _____ If yes, how often do you practice under this teacher's guidance? _____

11. Do you have a home practice? _____ If so, please describe _____

12. Who have been, and are currently, your primary yoga teachers? _____

13. What do you see as your biggest challenges in life right now?

14. Do you have teaching experience? _____ Please describe any training or education that may be relevant to this experience. _____

15. What is your intention in taking this course? What do you hope to achieve?

Investment:

A \$150 non-refundable deposit is due upon your acceptance into the program in order to reserve your space. Cash, check, Zelle and “PayPal- friends & family” are accepted. Credit card and “PayPal- Goods & Services” payments are also accepted with an additional 3% fee. Please select 1 of the 3 payment tiers by initialing beside your choices below.

_____ **Amba Rate** - \$2590 (significantly discounted for those with reduced means)

_____ **Kama Rate** - \$2790 (low end of the standard rate)

_____ **Seva Rate** - \$2990 (encouraged for those who can afford to pay a little more, so we can offer assistance to those with lesser means –“pay it forward”)

If you foresee needing further financial assistance, please indicate so by also checking here _____ **Sangha Rate** – Partial scholarships offered on a rolling basis, dependent upon Seva registrations. These are not awarded until all spots are filled.

Please select Payment method:

- ____ I will pay through Cash, Check, Zelle or “PayPal- Friends & Family”.
- ____ I will pay with Credit card or PayPal “Goods & Services” (3% additional fee).

Please Initial the following:

- ____ If paying by credit card, I hereby authorize payments, per my selected payment option above, which will include an additional 3% fee.
- ____ I understand that if I fulfill all of the requirements of this course, including class time, homework, and assessments, I will receive a graduation certificate of completion, which can be submitted to the Yoga Alliance for certification at the 200-hour level. Paying for the program and attending the classes alone does not ensure that I will pass the program.
- ____ I understand that Sakhi Yoga reserves the right to ask me to leave the program if my behavior is inappropriate, unethical or in violation of the Yoga Alliance ethical guidelines. Under such circumstances, I understand I will not receive a refund for my tuition.
- ____ I understand that I am committed to the payment schedule I selected above and promise to pay the full tuition.
- ____ I understand that if I cancel more than 14 days prior to the start of the program, my non-refundable deposit will be held for one year and can be applied to a future program. If I cancel within 14 days prior to the start of the program, I will receive a refund of tuition minus the \$150 deposit. Once the program begins, all tuition is non-refundable.
- ____ I have read and accept the above terms and requirements.

Print name: _____ Date: _____

Signature: _____

