



## **Sakhi Yoga 200-Hour Teacher Training Application**

**Instructions:** Please mail, or email your application to Pamela Meriwether at 1443 Mohawk Drive, West Columbia, SC 29169 or [Pmeriwether22@gmail.com](mailto: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 deposit (\$50 non-refundable) is required to reserve your place in the training program.

### **Personal Information:**

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Occupation: \_\_\_\_\_

### **Emergency Contact:**

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

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

How did you first learn about the Sakhi Yoga School?

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**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.

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

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

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

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**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. \_\_\_\_\_

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

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

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

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

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#### **Payment information:**

A \$150 deposit (\$50 non-refundable) is due upon your acceptance into the program in order to reserve your space. Your deposit is deducted from your overall total. Cash, check, Zelle and "PayPal-friends & family" (to the phone number 803.606.8829) are accepted. Credit card and "PayPal-Services" payments are also accepted with an additional 3% fee. Please select **one of the 3** payment options and **one of the 2** payment methods you prefer, by initialing beside your choices below.

1. \_\_\_\_\_ Paid in full by August 15, 2021 - **\$2850 (Save \$300)**
2. \_\_\_\_\_ Make 3 payments of \$1000 on 9/1, 11/1, 1/1 - **\$3000 (Save \$150)**
3. \_\_\_\_\_ Make 7 payments of \$450 on 9/1, 10/1, 11/1, 12/1, 1/1, 2/1, 3/1 - **\$3150**

1. \_\_\_\_\_ I will pay through Cash, check, Zelle, or "PayPal - friends & family".
2. \_\_\_\_\_ I will pay with Credit card or "PayPal - Services" with a 3% additional fee.

- Mastercard\_\_\_\_ Visa\_\_\_\_ American Express\_\_\_\_ Discover\_\_\_\_
- Credit card#\_\_\_\_\_
- Expiration Date\_\_\_\_\_ CW\_\_\_\_\_
- Name as it appears on the card\_\_\_\_\_
- If your billing address is different from your mailing address, please complete:
- Address\_\_\_\_\_
- City/State\_\_\_\_\_ Zip\_\_\_\_\_

**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 \$300 deposit. Once the program begins, all tuition is non-refundable.
- I have read and accept the above terms and requirements.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_