

**APPLICATION AND REGISTRATION FORM  
FOR 2010 ANUSARA YOGA TEACHER TRAINING**  
with Sianna Sherman at Shine Yoga Center (Cincinnati, Ohio)

Date \_\_\_\_\_

Name \_\_\_\_\_

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

\_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

E-mail: \_\_\_\_\_ Age \_\_\_\_\_

Website (if any): \_\_\_\_\_

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

I am applying for:

\_\_\_\_\_ Entire Teacher Training (all 3 parts) - \$2000

\_\_\_\_\_ Part 1 (March 3-5) - \$725

\_\_\_\_\_ Part 2 (July 13-15) - \$725

\_\_\_\_\_ Part 3 (October 19-22) - \$725 - NOTE: Part 2 is a prerequisite for Part 3



YOGA EXPERIENCE:

How long have you practiced yoga? \_\_\_\_\_

What style(s) of yoga have you practiced? \_\_\_\_\_

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Are you currently teaching yoga? \_\_\_\_\_ If so, how long? \_\_\_\_\_

What tradition/style? \_\_\_\_\_

Do you have a home practice? \_\_\_\_\_ For how long? \_\_\_\_\_

Please describe your home yoga practice (how often, what poses do you do, etc...)?

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Please describe your study and practice of meditation and pranayama, if any.

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What does yoga mean to you in your life? How has it influenced you?

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Why do you want to teach yoga?

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Why have you chosen this Anusara Yoga Teacher Training?

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Please let us know about any injuries, physical conditions, or psychological issues that you feel might get in the way of your full participation. This information is confidential and will help us serve you better: \_\_\_\_\_

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**Please choose payment amount:**

- \_\_\_\_\_ \$2000 for entire Teacher Training (due by February 12, 2010)
- \_\_\_\_\_ \$725 for Phase 1 (due February 23, 2010)
- \_\_\_\_\_ \$725 for Phase 2 (due July 6, 2010)
- \_\_\_\_\_ \$725 for Phase 3 (due October 12, 2010)

\_\_\_\_\_ total payment due

**Choose method of payment:**

- \_\_\_\_\_ I will send or deliver a check payable to Shine Yoga Center by the due date
- \_\_\_\_\_ I will register and pay on-line by the due date at [www.shineyoga.com](http://www.shineyoga.com)
- \_\_\_\_\_ I will call in with credit card information by the due date (513-533-9642)

**Refund Policy:**

If you register for any part of the Teacher Training and cancel more than one week before that Part begins, you will receive a refund for the entire amount paid, less a **\$50 processing fee for each Part that you cancel**. No refunds are given if you cancel less than one week before the course begins unless your space can be filled from a waiting list, and the processing fee noted above will be deducted.

I certify that all information in this application is true and accurate to the best of my knowledge, and I have read, understand, and agree to the above terms and policies.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**Please print out and complete this Application and Registration Form, and either:**

- (1) Mail it to: Shine Yoga Center, 3330 Erie Ave., #15, Cincinnati, OH 45208
- (2) fax it to 513-984-3268 (please call before sending); or
- (3) scan it in and e-mail it to [info@shineyoga.com](mailto:info@shineyoga.com)

**Please call or e-mail with any questions: 513-533-9642 or [info@shineyoga.com](mailto:info@shineyoga.com)**