



Date: _____

50 Hour Sedona Sol Yoga Children's Yoga Teacher Training Application

Applicant Information

Full Name: _____ Current Career: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Previous Hatha Yoga Experience & Certs.: _____

Reasons to be part of Children's Yoga Teacher Training.: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that this is a 16-week course and will require my attention and effort. I also understand that I will need to complete all assignments and independent study to receive a certificate. I also understand that there are no refunds on trainings.

Signature: _____ Date: _____