



300 Hour Advanced Yoga Teacher Training

Yoga Alliance Registry # 52143

Please type the following information and send it to Jodie Shuster (Program coordinator) jodie@tsn-ahp.com or to the address below). She will forward it to Jeff Migdow.

PHOTO
IMPORTANT

PLEASE ATTACH
PHOTO HERE

Application

Personal Information

Full Name _____

Address _____

City, State, Zip _____

Home phone _____

Cell phone _____

Work phone _____

What is the best number to reach you?

Weekdays? _____

Weekends? _____

Email _____

Date of Birth _____

Personal History

1 .Occupation (If you're not currently employed, your past profession or training):

Did you complete a Yoga Alliance Certified 200 hr YTT course? No Yes

If yes, where did you train? _____

If completed 200 hr YTT, which style of yoga did you study? _____



2. What is your background and experience with teaching yoga?	
Are you currently teaching yoga? <input type="checkbox"/> No <input type="checkbox"/> Yes	
if yes: How many times per week?	
What type of class:	
<input type="checkbox"/> 6-week series <input type="checkbox"/> 8-week series <input type="checkbox"/> 10-week series <input type="checkbox"/> Drop-in class <input type="checkbox"/> Substitute <input type="checkbox"/> Private Classes	
What style(s)/ tradition do you teach?	
How long have you been teaching?	
How often do you teach?	
Where do you teach?	
3. Previous yoga programs taken: where, when, and length	
4. Previous yoga or other training courses taken: where, when, and length:	
YA Approved <input type="checkbox"/> yes <input type="checkbox"/> no	
5. Are you currently practicing yoga? <input type="checkbox"/> No <input type="checkbox"/> Yes	
if yes: How many times per week?	
How long have you been practicing yoga?:	
What type of practice?	



5a. Comments regarding your teaching and practice

6. How did you hear about this yoga teacher training?

7. Please outline and explain specifically what your yoga teaching consists of:

(ie. Start with meditation, move into spinal rocking...describe your warm ups, pranayama, what specific postures do you teach and how do you close your classes?)

8. How has your yoga teaching and practice personally affected your life?



9. Why have you chosen to take this yoga teacher training at this time in your life?

Please add additional pages as needed.



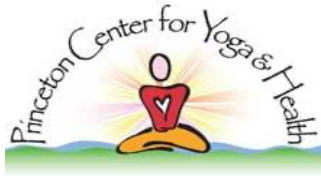
10. What personal experiences/qualities do you possess that presently make you a good yoga teacher? How would you like to improve your teaching?

11. Do you have experience practicing or teaching other movement and or meditation forms? If so which?

12. What is your educational and professional background outside of yoga?

13. What other types of self-growth experiences/workshops have you had?

14. What do you wish to take away from this journey?



Medical History – all information will be confidential

Name _____ Date of Birth _____ Age _____

Please indicate any conditions that apply to you:

How would you evaluate your current health? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
Present medical treatment or supervision: Conditions and for how long
Pregnancy: _____ months at start of program. Complications:
Physical limitations (vision, hearing, movement, etc.): Nature, duration, and extent of limitation
Serious or chronic illness or major surgery within the last five years (heart problems, cancer, etc.) Conditions and dates. (Please check with your doctor if this program is suitable to you.)
Communicable diseases:
Drug or alcohol addictions: how long, when stopped, and treatments:
Prescription medications (indicate dosage & frequency of intake):
Current psychotherapy, counseling or psychiatric treatment: reason and duration:



Hospitalization for psychiatric care:
Condition & dates:

Do you have any physical, emotional or mental challenges that we need to know about that are not included above? (Please take your time in answering this question, as it will allow us to best serve you and meet your needs.)

In case of emergency, please contact:

Name	_____	Phone	_____
Physician	_____	Phone	_____
Therapist	_____	Phone	_____



Important Notices and Program Requirements

- Completion of the application does not mean automatic enrollment into Princeton Yoga's Advanced Yoga Teacher Training
- Applicant must be at least 18 years of age and have had over 3 months of a consistent yoga practice or approved for the program by special arrangement with Dr. Migdow.
- Upon completion of this application, Director Jeff Migdow will contact you as needed for a free phone interview to discuss your participation in this program.
- Attendance is required at all scheduled program dates¹, completion of all program requirements, demonstrating teaching competency, professional behavior and ethical conduct is necessary for certification and Yoga Alliance Registry.

I am aware of the commitment of this training. In signing below, I agree to contribute fully and demonstrate the physical, mental and emotional preparedness to participate in this program.

Also in signing below, I take full responsibility for myself during all parts of PCYH Teacher Training and release Jodie Shuster and any other designated PCYH teachers/training directors, as well as any guest instructors, Princeton Center for Yoga & Health, from any liability.

Date: _____ Signature: _____

¹ By special arrangement with the program directors, missed hours may be scheduled during or after the program time period. Possible additional fees may apply.



Payment Plan Contract

Please check the payment plan that best suits your needs:

NOTE: 7% administrative/processing fee applies for all payments via credit card.

A One payment

- _____ \$4,950 if paid in full by October 22, 2020
- _____ \$4,650 (\$300 off) if paid in full by September 1, 2020
- _____ \$4,450 (\$500 off) if paid by July 15, 2020
 - An additional \$150 Materials Fee is paid directly to Jeff Migdow at the start of the program (cash or check only)

B Payment plan²

- \$500 non-refundable deposit to hold the space is required
- An additional \$150 administrative/processing fee is added to any payment plan
- An additional \$150 Materials Fee is paid directly to Jeff Migdow at the start of the program (cash or check only)
- **Postdated checks AND a valid CC** with an expiration date over a year are required before starting the program. Late payments will be charged to credit card and include an additional 7% fee.
- **Bounced checks/declined CC:** \$25 fee applies to all bounced checks and decline CC.
- All participants on a payment plan need their payment plan specified in their signed contract.

Tuition Total Payment Plan (50% pre-payment required)

1. Payment by 10/01/2020	\$2,475
2. Payment by 12/01/2020	\$1,240
3. Payment by 02/01/2021	\$618
4. Payment by 03/01/2021	\$617

Above is our preferred payment plan. Please contact Jodie Shuster for alternatives at 732-337-4424 or jodie@princetonyoga.com or jodie@tsn-ahp.com.

Please make all checks payable to The Lotus and The Bee, LLC and please be on time with your payments. If you would like to send payments by mail please send to: PCYH, 88 Orchard Road, Suite 6, Skillman, NJ 08558

² Paid with postdated checks or Credit Card autopay (for all CC transactions a 7% fee is added)



If you will be financing your training through Princeton Center for Yoga & Health, a current credit card needs to be kept on file even if you will be paying your payments in cash or check. Please call studio office to make arrangements.

REFUND POLICY

If you cancel less than 4 weeks prior to training start date you will receive 50% of tuition back, less any bank or processing fees.

If you cancel less than 2 weeks prior to training start date you will receive 25% of tuition back.

After the start of training no refunds will be given for the training.

All tuition must be paid in full to receive certification.

Princeton Center for Yoga & Health reserves the right to terminate any student from the training program after a warning if there is a violation of ethical conduct.

By signing below I agree to these terms. Please make a copy of this contract for your records.

Date: _____ *Signature:* _____