

RIVER YOGA

Teacher Training Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (cell) _____

Email: _____

Date of birth: _____

Please respond to the following items on a separate paper and attach to application.

1. Tell us about your Yoga Practice, including how long and what styles of Yoga you have practiced. If you have done any previous Yoga teacher training, please include here. Maximum of one page.
2. Tell us why you want to study the Saraswati River Method? Maximum of one page.
3. Tell us how you anticipate integrating the Saraswati River Yoga Method into your life, teaching or practice. What benefit do you think it will bring? Maximum of one page.
4. Briefly summarize your health history. Include any physical or mental health conditions or disabilities that might affect your full participation in the teacher training program. If you are currently receiving care for any significant condition, a medical release may be required. This program is transformational; if you are currently receiving psychotherapy, please submit a written release from your therapist.

Please note that it is very important that you have taken at least 10 classes at River Yoga to become familiar with our practice and teaching style, interact with our teachers and staff and give you full confidence in our

Send or email completed application to River Yoga:

RIVER YOGA

74 Peddlers Village
Lahaska, PA 18931
215-794-1890
office@sryyoga.com

