

# SARASWATI RIVER YOGA 2010

## July Intensive

### Teacher Training Application

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

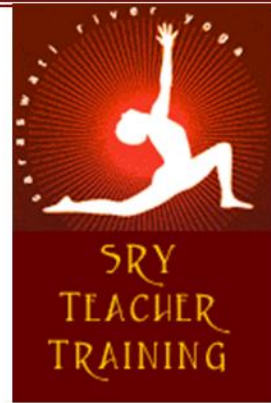
Street Address: \_\_\_\_\_

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 Saraswati River Yoga to become familiar with our practice and teaching style, interact with our teachers and staff, and receive full confidence in our experience and expertise.*

**Send or email completed application by  
July 3, 2010 to River Yoga:**

**RIVER YOGA**

74 Peddler's Village  
Lahaska, PA 18931  
215-794-1890  
office@sryyoga.com



Registered Yoga School