



**Advanced Teacher Training Program (500 Hour)
Application for Admission**

1. Personal Information

Name _____ Preferred First Name _____

Address _____

Email _____ Date of Birth _____

Phone (Home) _____ Phone (Cell) _____

Current Occupation(s) _____

2. Date you graduated from Living Spirit Yoga's 200-hour Teacher Training Program: _____

3. Describe your current meditation practice. _____

4. Why do you want to take this Advanced Teacher Training Program and what do you hope to gain from it? _____

5. In case of emergency, please contact:

Name _____ Phone _____

Thank you for completing this application. The information you have provided will be kept confidential and will assist me in my planning for the Teacher Training Program, guiding me in my attempt to provide a curriculum that best suits the needs of each of you.

Signature _____ Date _____