

Advanced Studies 500hour Yoga Alliance Kunga Yoga Teacher Training Registration

Please feel free to attach any additional pages to your application. Also, please include your \$25 fee along with this form, and mail to Wilmington Yoga Center, #5329 Oleander Dr, Ste 200, Wilmington NC 28403.

By submitting this registration and beginning Kunga Yoga Advanced Studies modules, I am committing to learning and teaching yoga in a safe and selfless way. I am also committing to contributing to all group modules in a positive way, recognizing that each module is a shared learning experience for all involved.

Signature : _____

Date of Application _____

Name _____

Organization _____

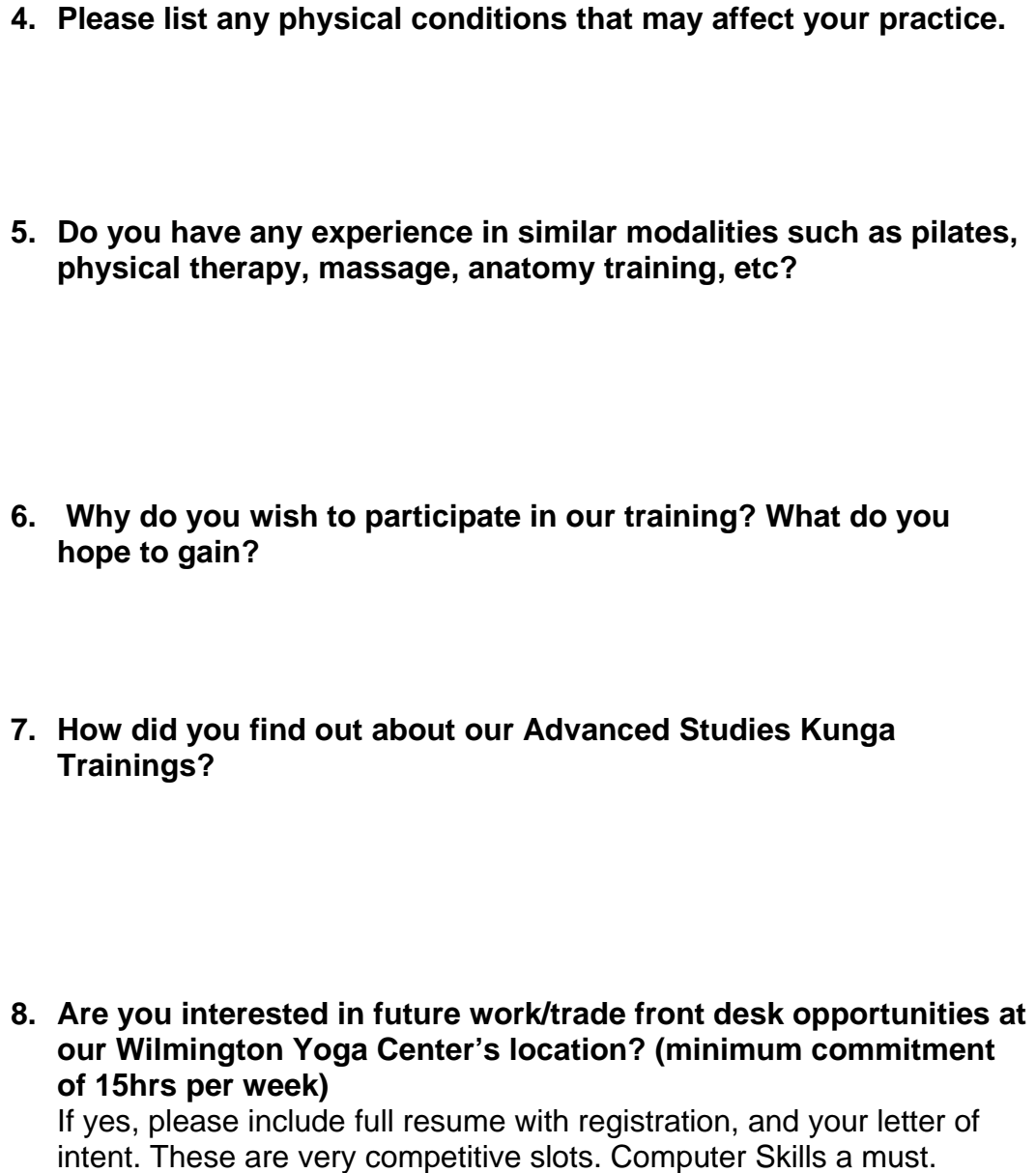
Address _____

City, State, Zip _____

Phone _____

Email _____

- 1. Where, with which teachers, and how long have you been teaching yoga?**
- 2. What types of yoga have you taught and how long in each type?**
- 3. Who is your regular teacher, and how often do you study with this teacher? Please include location**

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4. Please list any physical conditions that may affect your practice.

 5. Do you have any experience in similar modalities such as pilates, physical therapy, massage, anatomy training, etc?

 6. Why do you wish to participate in our training? What do you hope to gain?

 7. How did you find out about our Advanced Studies Kunga Trainings?

 8. Are you interested in future work/trade front desk opportunities at our Wilmington Yoga Center's location? (minimum commitment of 15hrs per week)
If yes, please include full resume with registration, and your letter of intent. These are very competitive slots. Computer Skills a must.

Credit for Other Trainings and College Courses:

Your Level of Yoga Alliance Registration: ___ 200 hr RYT ___ 200 hr E-RYT ___ 500 hr RYT ___ 500 hr E-RYT

List all college degrees held: _____
Colleges attended and dates: _____

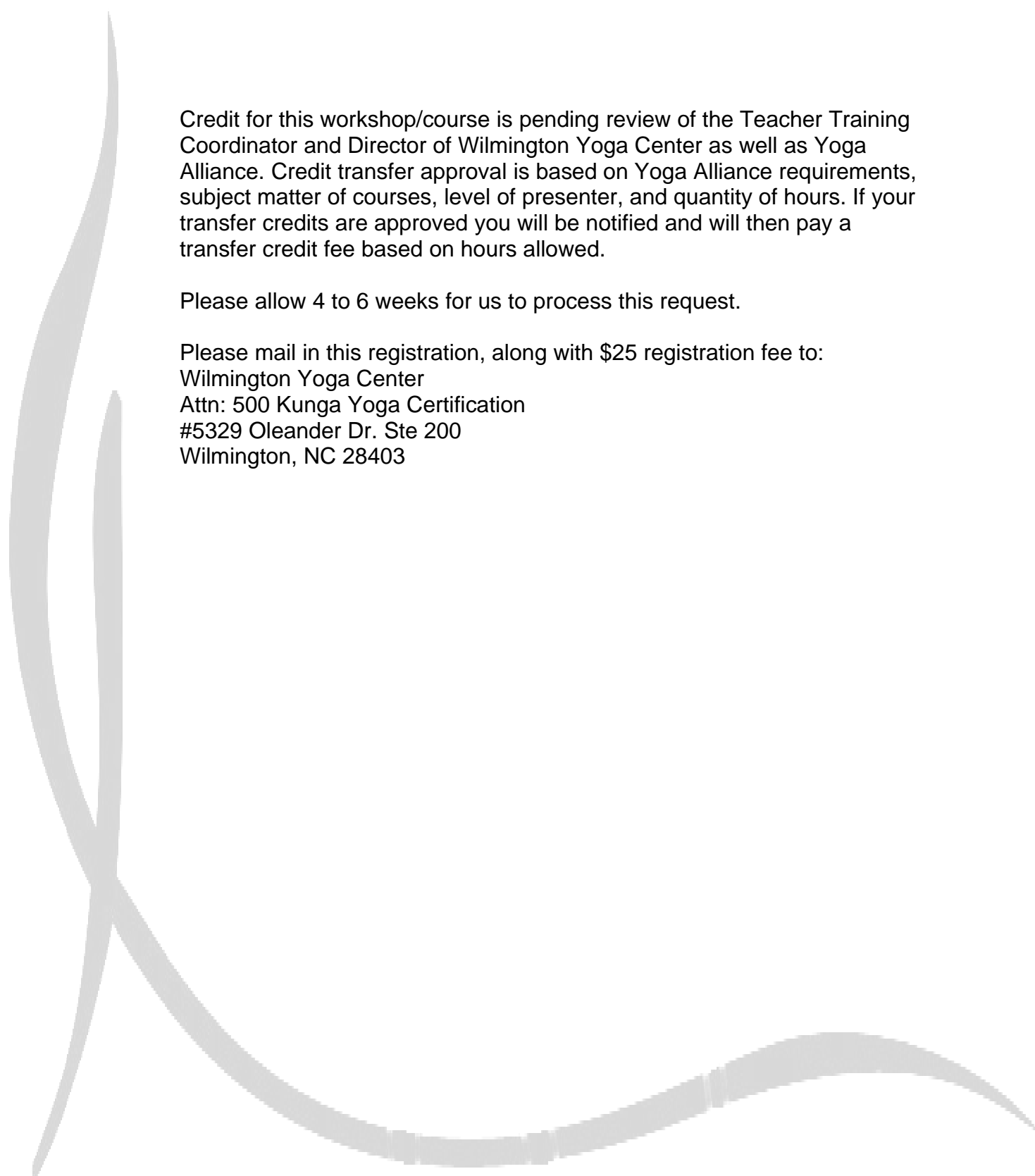
Name of Workshop or Courses you would like to receive credit for:

Presenter Name, Level of YA Registration & Date of course/s: _____

Detailed description of workshop/course content. Please include total amount of hours you completed in each workshop/course:

Please provide a copy of your transcript or a certificate of completion for the above mentioned course/s and staple to this form. If you do not have this please provide a marketing flyer/receipt, some type of proof of participation.

If there is any additional information that you feel we should be aware of, please include below:



Credit for this workshop/course is pending review of the Teacher Training Coordinator and Director of Wilmington Yoga Center as well as Yoga Alliance. Credit transfer approval is based on Yoga Alliance requirements, subject matter of courses, level of presenter, and quantity of hours. If your transfer credits are approved you will be notified and will then pay a transfer credit fee based on hours allowed.

Please allow 4 to 6 weeks for us to process this request.

Please mail in this registration, along with \$25 registration fee to:
Wilmington Yoga Center
Attn: 500 Kunga Yoga Certification
#5329 Oleander Dr. Ste 200
Wilmington, NC 28403