

# YOGA TEACHER TRAINING

YOGA EDUCATIONAL SEMINARS AT CSE  
FEBRUARY—OCTOBER, 2007

## REGISTRATION APPLICATION

(PLEASE PRINT LEGIBLY OR COMPLETE ON COMPUTER)

### REGISTRANT INFORMATION

Full Name:

Email:

Home Ph:

Work Ph:

Mailing Address:

City:

State:

ZIP Code:

### TUITION PAYMENT INFORMATION (TOTAL TUITION = \$2,200)

| Registration Amount   | Date Due                                    | Amount  |
|-----------------------|---|---------|
| Application Fee:      | Due at time of application (non-refundable) | \$200   |
| 50% Remaining Tuition | Due January 5, 2007                         | \$1,000 |
| 50% Remaining Tuition | Due February 14, 2007                       | \$1,000 |

**TOTAL AMOUNT AUTHORIZED AT THIS TIME:**

\$ \_\_\_\_\_

**Check:** mail along with application

**NOTE:** make check payable to "CSE" ... note YES Yoga Teacher Training in Memo section

**Credit Card** \*mark one below

Name as on Card:

**Master Card**

Signature and Date:

**Visa**

Card #:

Exp Date:

### HOW DID YOU HEAR ABOUT THIS TRAINING?

Joyce Anue

Julianne Rice

Sundari Jensen

Other:

### APPLICATION QUESTIONS

1. Describe your professional background:
2. Describe your background as it relates to yoga, include: primary teachers, specific training programs and/or style you practice. Include how often you practice and the average length of time.
3. Do you currently have a meditation practice?
4. How do you intend to use this course (i.e., personal growth, professional purposes, etc.)?
5. Do you currently teach yoga?
6. Do you eventually want to teach yoga?
7. Are you interested in teaching yoga one-on-one?
8. Describe any community or service work that you have been or are currently involved in.
9. What course content (see curriculum description) is most important to you in this type of program?
10. What other qualities or aspects of a yoga training program are most important to you?
11. Do you have any special learning requirements?
12. Are there any weekend blocks that you will be unable to attend, and if so, which:

**SEND COMPLETED FORM TO: CSE, YOGA TEACHER TRAINING (c/o: Sundari Jensen)**

**FAX 408-283-1722**

**US MAIL:** 1146 University Avenue, San Jose, CA 95126

**EMAIL:** email all information (EXCEPT CREDIT CARD # & EXP DATE) ... **PHONE:** call 408-283-0221 x27 and leave that information  
*Upon receipt of your registration form and complete payment you will receive an email confirmation.*