

## **Dew Yoga Teacher Training Application**

Name:		Date of Birth://		_
Addr	ess:			
City:		_ State:	_ Zip Code:	
Home Phone:		Cell Phone:	<u> </u>	
E-Ma	nil:			
Eme	rgency Contact Name: rgency Contact Phone:			
1.	What is your background and exstyles of yoga? What teachers h than one off)?	•	•	
2.	In at least a few sentences pleas this training? What are your mot Teacher Training? Use another p	tivations and ins	spirations to embark on	

3. Describe any Yoga trainings or workshops you have taken in the last 5 years? Did you complete the training(s)?

4.	Do you plan to teach Yoga or are you taking this course to deepen your knowledge and practice of Yoga?
5.	Describe any skills, education or experiences that would support work as a Yoga teacher.
6.	Are there any physical, mental or emotional health conditions that might influence your participation in this training? Would you like to discuss this with a lead teacher?
7.	Are you committed to practicing yoga at Dew Yoga or with teachers approved by Dew Yoga Lead Teachers at least 2x/week in addition to the teacher training hours?
8.	Describe any other movement or meditation practices you engage in on a weekly basis.
9.	May we contact you with questions or for further clarification to the answers you have provided here?

I acknowledge that all information submitted in this application is true and accurate to the best of my knowledge. I understand that incomplete or inaccurate information may result in my non-acceptance or dismissal from the program. I understand the certification criteria and, should I be accepted to attend the teacher training, I understand I will be evaluated using these criteria.

Signature:	Date:
Dew Yoga 200-hr YTT Cer	tification Requirements:
Yoga Practice in studio or virtually with a Devminimum 2x/week in addition to training hou	
Attendance in all training sessions or make u	ıp sessions
In the event of illness and only for illness, virt at the discretion of the teacher leading the se	
Completion of all homework assignments an	d open book assessments
Maintaining logs of required hours; classes, observations	electives, practice teaching and
One absence for emergent needs must be methat is included in the schedule	ade up in the make up/review session
The make up/review session can be attended reinforce lessons	d by any trainee needing to review or
If more than one weekend is missed then ma expense of the student and must be schedul their own time and prior to certification	•
An attitude of benevolence that includes and	accepts all individuals as they are
I understand the requirements above are exp	pected of trainees to receive certification.
Signature:	Date: