



Advanced Studies and Yoga Teacher Training Program

REGISTRATION FORM

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 teachertraining@santabarbarayogacenter.com
 www.SantaBarbaraYogaCenter.com

Date _____

Name _____ Age _____
 (AS YOU WANT IT ON YOUR CERTIFICATE)

Address _____

City _____ State _____ Zip _____

Tel _____ Cell _____

E-mail address _____

HOW LONG HAVE YOU BEEN PRACTICING YOGA? _____

<input type="checkbox"/> My intent is to complete the <input type="checkbox"/> full 200-hour Teacher Training Program. <input type="checkbox"/> full 300-hour Teacher Training Program. <input type="checkbox"/> full 500-hour Teacher Training Program. <input type="checkbox"/> At this time, my intent is to attend only the following course(s): BASICS <input type="checkbox"/> Main Module (47) _____ <input type="checkbox"/> Anatomy of Yoga & East-West Physiology (30) _____ <input type="checkbox"/> Iyengar Yoga Basics for Teachers (20) _____ <input type="checkbox"/> History & Philosophy of Yoga (17) _____ <input type="checkbox"/> Practicum I & II _____ SPECIALIZING <input type="checkbox"/> Therapeutic Yoga (35) _____ <input type="checkbox"/> Prenatal Yoga (16) _____ <input type="checkbox"/> Yoganessa: Teaching Yoga for Children (16) _____ <input type="checkbox"/> Yoga and Ayurveda (16) _____ <input type="checkbox"/> The Vertebral Column (16) _____ <input type="checkbox"/> Meditation (16) _____ <input type="checkbox"/> Kirtan (16) _____ <input type="checkbox"/> Pranayama (16) _____ <input type="checkbox"/> Sanskrit (16) _____ <input type="checkbox"/> The Art of Sequencing Vinyasa Flow Yoga (16) _____ <input type="checkbox"/> TBD _____ <input type="checkbox"/> TBD _____ GOING DEEPER <input type="checkbox"/> Insight Yoga (60) _____ <input type="checkbox"/> In-Depth Practicum (50) _____	<p>OFFICE USE ONLY DATE COMPLETED</p>
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"I am aware that there are specific registration and refund deadlines for all courses, and agree to the deadlines upon registering for each course"

Signature: _____ Date: _____

PLEASE COMPLETE THE QUESTIONNAIRE ON PAGE 2

