



Yoga Studio College 200 Hour Teacher Training Program Application

How to Submit Your Application:

- Print, complete, and return pages, along with a brief letter (confidential to Val) explaining why you want to participate in the Teacher Training Program and/or your aspirations in regards to teaching Yoga.
- Please use extra paper if you need more space and label it clearly, and staple all pages together.
- Submit to:
Attention: Valery Petrich - 211, 5403 Crowchild Trail N.W. Calgary, AB T3B 4Z1
or deliver to The Yoga Studio, Crowchild location at the above address. (please put it in an envelope and clearly write Attn: Valery Petrich, YSC 200 Hour Teacher Training Program on the front).
- Include a cheque for your deposit of \$1000.00 payable to The Yoga Studio College of Canada (clearly marked 200 Hour TTP), the remaining \$2800.00 is due by November 1. If you prefer, you may pay online <https://www.yogastudiocollege.com/teachertraining> . Payment cannot be accepted by credit or debit card at The Yoga Studio.
- You may also scan and email your completed application to Valery Petrich at lyogalady@gmail.com. Program deposit is due upon acceptance into the program.

Please Print Clearly

Name	Date
Address	
City / Province	Postal Code
Telephone (with area code) - Res:	Telephone (with area code) - Bus:
E-Mail Address:	

List any experience you may have in any of the following areas.

Please note: Experience is not necessary for this training. We start at the foundational level for everyone who enters and we progress systematically. Whether you have done 5 Downward Dogs or 5000, the level of awareness consistently improves! Please feel to include any books you have read or people who have inspired you!

Hatha		
Date(s)	Hours	Institute / Location
City	Teacher(s)	
Describe		
Date(s)	Hours	Institute / Location



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City	Teacher(s)	
Describe		
Date(s)	Hours	Institute / Location
City	Teacher(s)	
Describe		

Meditation		
Date(s)	Hours	Institute / Location
City	Teacher(s)	
Describe		

Philosophy		
Date(s)	Hours	Institute / Location
City	Teacher(s)	
Describe		

Anatomy		
Date(s)	Hours	Institute / Location
City	Teacher(s)	
Describe		

Applicant Signature: _____

Date: _____