



ZUDA
LIVE A POWERFUL
HAPPY LIFE

TEACHER TRAINING PROGRAM

200 Hour Program Application

Registered Yoga Alliance Certified Program

Program Dates: June 14, 2012- September 10, 2012

Personal Information

First Name _____ Last Name _____ Sex: M F

Street Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Email (print clearly): _____

Current Occupation: _____ How Long? _____

Teaching & Education

Are you currently teaching Yoga? YES NO

If yes, how long? 1yr or less 1-5yr 5yr+

If yes, what style (s)? _____

How did you hear about Zuda's Teacher Training? _____

List all previous yoga education, trainings or workshops, including any previous trainings or intensives with Zuda:

Required Questions (Attach on a separate sheet):

- Why do you practice yoga?
- What do you hope to achieve from Zuda Teacher Training?
- What makes a good yoga teacher?
- What do you find the most challenging part of yoga?
- What is the easiest part of yoga for you?
- How do you describe an empowered person?

I hereby declare the information in this application is true and complete. I understand that providing false information is grounds for rejection of this application.

Signature: _____ Date: _____

I understand that the \$25 application fee is non-refundable and/or transferable, whether I am accepted or declined into the Zuda Teacher Training Program.

Signature: _____ Date: _____

Thank You!

Please not that the application DOES NOT guarantee you a spot in the training.

Upon review of your application, if accepted into the program , you will be notified via email about the next steps to take. If you have any questions or for more information, please do not hesitate to email me at amanda@zudayoga.com Please allow 2 weeks for processing time.

ONLY applications with ALL of the following items will be considered:

- \$25 non-refundable and/or transferable application fee (check and enclose)

_____ cash

_____ check made payable to Zuda Yoga,

_____ credit card (use # stored in MBO)

_____ credit card (supply information: Visa/MC/Discover # _____)

CVS: _____ Expiration date: _____ Name on Card _____

Billing Address _____

- Completed Application
- Essay Questions
- A photo of yourself (clear head shot)

Return one of 3 ways:

1. Mailing Address:

Zuda Yoga

c/o Teacher Training Summer 2012

1515 19th Street Suite 104

Sacramento, CA 95811

2. Scan & Email:

amanda@zudayoga.com

subject line: ZTT 2012 Application

3. Drop-off in a sealed envelope at the Front Desk at Zuda MIDTOWN, with "Attention Amanda" on it.

Phone: 916.441.1267