



*Yoga Muse School Of Yoga*  
**200-Hour Yoga Teacher Training Application**  
*Hosted by Bridge Studio at Art of Awareness*



**First and Last Name:**

**Date of Birth:**

**Gender Identity:**

**Pronouns:**

**Address:**

**Phone Number:**

**Email Address:**

**Employer:**

**Occupation:**

**Education/Skills:**

**Emergency Contact Name/Relationship:**

**Phone Number:**

Because this teacher training immersion program is hosted by Bridge studio at Art of Awareness and Art of Awareness Wellness Center includes a therapy practice, we need to consider potential dual relationships and potential conflicts of interest when forming a teacher training group. Therefore, please answer the following question: Do you currently or have you in the past received therapy services at Art of Awareness?

**Please answer the following questions:**

1. Why do you want to participate in this teacher training program? Also, what draws you specifically to Yoga Muse School of Yoga 200 hour program?

2. Do you intend to teach yoga classes and if so please describe your inspiration/teaching goals.

3. How long have you practiced Yoga? Please include where and with whom you take classes, how often you take classes, and any workshops or trainings you've taken.



4. Please describe how Yoga has impacted your life and how you have benefited from your practice?
  
5. Describe your health: (Please include any major surgeries, illnesses or other physical, mental or emotional conditions.)
  
6. Do you have any injuries or other physical limitations that affect your practice? If so, please explain.
  
7. Please list any current medications and their purposes?
  
- 8 Please list any Drug Allergies.
  
9. What do you expect to gain from this training program?
  
- 10 Do you anticipate any barriers/challenges to fully participating in this 200 hour immersion? If so, please describe what resources you plan to use to help with these challenges.
  
11. Please list anything else you think it would be helpful to know about you.

By signing this application, I certify that it is true and complete and that I understand and agree to the following payment policies: A non-refundable \$100 application fee is due with my application. If accepted, a non-refundable deposit of \$500 is due within 7 days of notification of my acceptance to hold my space. Remaining tuition will be paid with the following payment plan:

**Payment Options: (Please circle A or B below.)**

- A. Non Refundable Payment in full: Remainder of payment due at least 7 days prior to the first day of training (\$2150)
  - B. Non Refundable Payment Plan: Remainder of payment will be paid with a credit card on file to be charged in 9 monthly payments beginning at least 7 days prior to the first day of the training (9 payments to total \$2350).
- I understand that I must sign and follow a payment and attendance contract in order to be accepted into the program.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit your application along with one letter of recommendation and your \$100 application fee. Applications may be emailed to [mindymuseyoga@gmail.com](mailto:mindymuseyoga@gmail.com), or you may mail a hardcopy to: Mindy Muse, 148 Goose Rocks Rd Kennebunkport, ME 04046. Please make all checks payable to: Art of Awareness, or contact Mindy at 207 838-9684 to make a credit card payment over the phone.

