

# Yoga Study And Teacher Training Program

## Application For Admission

This 200 hour teacher training program is offered through The Satya Yoga Teacher Training, as registered with Yoga Alliance. It will be led by Jodi Petlin and held at the Shanti Yoga Studio in Whitefish, Montana. Please complete this form in full to begin the admission process. A \$300 non-refundable deposit is due upon receipt of this application.

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

### HEALTH INFORMATION

Please describe any physical or mental health conditions that might affect your participation in this course. List any medications you are currently taking. Please tell us about any recent surgeries, chronic pain, joint and muscle discomfort, or any other physical issues that you feel throughout your day. Let us know if you have given birth within the past 18 months or are currently pregnant. To provide accurate and complete information, please attach additional sheets if necessary and add anything else you would like us to know.

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## YOGA BACKGROUND AND YOUR IDEAS ABOUT YOGA

**Please feel free to add more pages and type or neatly write out your complete answers.**

1. How long have you been consistently practicing yoga?
  2. How often and where do you practice (classes, home, with friends, etc.)?
  3. Do you practice any particular style or under any lineage?
  4. Have you taken any other yoga trainings or workshops in the last three years?  
(Please give approximate date, venue, teacher, and type of instruction.)
  5. What first attracted you to yoga?
  6. Why is this a good time for you to be participating in a yoga teacher training?
  7. What are your goals for this program?
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## DECLARATION

The facts set forth in this application are, to the best of my knowledge, true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send or deliver your completed Application for Admission along with your \$300 non-refundable deposit to:**

Jodi Petlin  
P.O. Box 5303  
Whitefish, MT 59937

You will be notified once your application has been accepted and provided with the book list and any other items you'll need for this training. In the event you are not accepted into the training, your deposit will be returned.

**Please call or email with any questions you may have!**

Jodi Petlin  
406.862.1885 or  
jodipetlin@gmail.com