



**STUDENT APPLICATION FOR ADMISSION**  
Fall 2010

*Please fill out this application and send to ELYE.  
After we receive your application, we will call you  
to set up an interview.*

**Contact Information**

**Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Apartment** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

**Yoga Background**

**# of years practicing yoga** \_\_\_\_\_ **Preferred styles** \_\_\_\_\_

**Teachers that you have studied under with dates:**

---

---

---

**Yoga training programs completed with approx. dates:**

---

---

---

**Yoga workshops attended with approx. dates:**

---

---

---

---

---

---

---

---



## Education

	Name of Institution	Location	From	To	Degree Earned
High School					
Undergraduate					
Graduate/Technical School					

Describe any professional or other training:

---

---

---

---

---

---

---

## Availability

The program will be taking place on from September 29th, 2006 through March 16th, 2007 on Friday's from 9:30 AM to 5:30 PM. There is a 4 day consecutive intensive workshop that is from 9 AM to 5 PM t.b.a. You may miss no more than 3 days of training and still receive certification.

Please describe any potential problems with this schedule:

---

---

---

---

Please mark all that apply for the course:

I will be working full time \_\_\_\_

I will be working part time \_\_\_\_

I am not sure if I will be working \_\_\_\_







**Medical Background** *All information is held strictly confidential.*

List any major health concerns/issues/ailments that might affect your training experience.

---

---

---

List any medications you are currently taking or might be taking.

---

---

---

Describe any experiences you have had with psychotherapy.

---

---

---

Please list any special physical/mental needs that we should know about you.

---

---

---

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

**Information for Personalized Jyotish Chart (Indian astrological chart)**

Please complete all of the following - if any spaces are left blank, we cannot create a chart for you.

Birthdate with year \_\_\_\_\_

Birth City/Town \_\_\_\_\_

Exact Birth Time \_\_\_\_\_

List three very significant dates in your life thus far:

---

---

---



**ENROLLMENT FORM**  
FALL 2010

*Please fill out this form and send to Miguel (there is an enclosed envelope). Enclose the \$1000 deposit to enroll and to hold your spot.  
THANK YOU!*

**Enrollment Intent**

I \_\_\_\_\_ (print your name)

\_\_\_\_\_ would like to enroll

\_\_\_\_\_ have decided not to enroll

in the Eight Limbs Yoga Teacher Training for the Fall 2010 session.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

**Program Deposit/Payment**

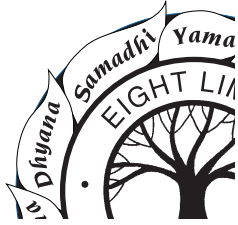
The program tuition is \$3000 . A non-refundable deposit payment of \$1000, that holds your place in the course, is due with this enrollment form. *Space is limited to 25 students.*

I plan to pay the deposit by (please circle one of the following payment methods):

check

money order

cash



WELCOME TO EIGHT LIMBS YOGA TEACHER TRAINING!

## Dear Prospective Student:

ELYE is excited to present you with information regarding the Fall 2010 ~ Yoga Teacher Training Program. This program is accredited with Yoga Alliance and upon successful completion you will be recognized as a *Registered Yoga Teacher*, certified to teach hatha yoga. You will find this program to be very unique in the outstanding quality of its instructors, highly knowledgeable, as well as intuitive in their ability to address the diverse needs of today's student.

Please look over our information brochure and call Miguel with any questions. If you are interested in applying to the program, please return the enclosed *Student Application for Admission*. Upon receiving your application we will call you to set up an interview with the director at the center.

We look forward to meeting you and introducing you to the wonder-filled possibilities!

**Namaste,**

**Miguel Latronica**  
**Program Director**

encl: program information, Student Application for Admission - Fall 2010



Eight Limbs™ Yoga Education (ELYE)

YOGA BENT, LLC

2941 Orange Brace Rd. Riverwoods, IL 60015  
847-236-9642 [WWW.YOGABENT.COM](http://WWW.YOGABENT.COM)