



STUDENT APPLICATION FOR ADMISSION
Winter 2011

*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:



Eight Limbs™ Yoga Education (ELYE) |

YOGA BENT, LLC

1630 Old Deerfield Road STE 208 Highland Park, IL 60035
t 847-236-9642 WWW.YOGABENT.COM

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 January 8th, 2011 through May 20th, 2011 on Friday's from 9:30 AM to 3:30 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 Joytish 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 it 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 Winter 2011 session.

Signature

Today's Date

Program Deposit/Payment

The program tuition is \$2000. 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

Credit Card

Please Note: The ELYE 2011 Winter program is a one-time special. There will be no future reductions unless otherwise stated.



WELCOME TO EIGHT LIMBS YOGA TEACHER TRAINING!

Dear Prospective Student:

ELYE is excited to present you with information regarding the Winter 2011 ~ 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 Miguel Latronica.

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 - Winter 2011



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