

APPLICATION FOR GO DEEP YOGA TEACHER TRAINING/ADVANCED YOGA STUDIES WITH TI HARMONY

Thank you for your interest in this training. This confidential application is designed to help you clarify your intentions, strengths and weaknesses and to help me get to know you a bit better. Please be as honest and clear, and complete yet succinct, in your answers as possible. Once I've reviewed your responses, we'll make an appointment to meet and discuss it. If you have questions about the program, please speak with me before giving this application to me with the required deposit.

Please give or send me your completed application with a deposit of \$500 to hold your space and to be applied to the cost of the course. (\$50 of this deposit is non-refundable. See the Financial Agreement for more details.) If you need to make alternate financial arrangements, please speak with me as soon as possible. Please note that I need a hard-copy, signed Financial Agreement in order to process your application, no exceptions. (This application can be electronic or hand-written.)

My address is 603 Nunn Street, Chapel Hill, NC 27516. If you have questions, feel free to email me (tiharmony@icloud.com) or call me (don't text) at 919-969-7228.

Also please note that to be accepted into this course, you must be able to attend the entire first YTT weekend as well as the last, as best you can predict and God willing.

NAME:

MAILING ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER(S):

AGE:

BIRTHDAY:

EDUCATIONAL BACKGROUND:

PREVIOUS YOGA (OR RELATED) EXPERIENCE AND TRAININGS OR WORKSHOPS:

CURRENT YOGA OR OTHER SPIRITUAL PRACTICES AND HOW LONG HAVE YOU BEEN DOING THEM (PLEASE GIVE DETAILS OF ANY PRACTICES YOU ARE NOW ENGAGED IN):

HOW LONG HAVE YOU BEEN PRACTICING YOGA? WHERE? WHAT STYLES OR INFLUENCES? HOW REGULARLY?

WHY ARE YOU INTERESTED IN THIS TRAINING AT THIS TIME IN YOUR LIFE? WHAT DO YOU HOPE TO GET OUT OF IT AND WHAT DO YOU ENVISION DOING WITH WHAT YOU RECEIVE?

WHAT PERSONAL STRENGTHS DO YOU BRING TO THIS COURSE?

WHAT PERSONAL WEAKNESSES DO YOU BRING TO THIS COURSE? WHAT DO YOU THINK WILL HINDER YOU THE MOST DURING THIS COURSE, PERSONALLY AND IN YOUR DAILY LIFE?

WHO ARE OR HAVE BEEN THE MOST INFLUENTIAL PEOPLE IN YOUR LIFE AND WHY?

PLEASE TELL ME TWO PEOPLE (AND THEIR PHONE NUMBERS) WHO I COULD CONTACT AS A REFERENCE FOR YOU.

HOW WOULD YOU EVALUATE YOUR CURRENT HEALTH AND IF YOU HAVE ANY CHALLENGES, PLEASE EXPLAIN?

DO YOU HAVE ANY INJURIES, MEDICAL CONDITIONS OR SURGERIES THAT MAY AFFECT YOUR ABILITY TO FULLY PHYSICALLY PARTICIPATE IN THE TRAINING? IF YES, PLEASE EXPLAIN.

DO YOU HAVE A HISTORY OF MENTAL ILLNESS THAT MAY BECOME AN ISSUE DURING THE TRAINING OR AFFECT YOUR ABILITY TO FULLY PARTICIPATE IN THE TRAINING? IF YES, PLEASE EXPLAIN.

IS THERE ANYTHING ELSE TI SHOULD KNOW ABOUT YOUR MEDICAL HISTORY?

ARE YOU FAMILIAR WITH CHANTING SANSKRIT MANTRAS? DO YOU CHANT AS PART OF YOUR PRACTICE?

DO YOU HAVE ANY ISSUES WITH THE WORD OR CONCEPT OF “GOD?” IF SO, PLEASE EXPLAIN.

DOES YOUR FAMILY (OR FRIENDS) SUPPORT YOU DOING THIS TRAINING?

HOW DO YOU PLAN TO MAKE TIME FOR STUDYING AND PRACTICING YOGA?

DO YOU ANTICIPATE ANY DIFFICULTIES WITH MEETING THE FINANCIAL AGREEMENT?

DO YOU ANTICIPATE ANY DIFFICULTY WRITING A SPIRITUAL AUTOBIOGRAPHY AND SHARING IT WITH YOUR FELLOW STUDENTS? (THIS IS A REQUIREMENT TO PARTICIPATE IN THE COURSE)

Thanks for taking the time to consider all this and to share this information with me. I look forward to chatting about it with you. -Ti