

Hari Om!
Dear Teacher:

Thank you for your interest in the Gentle Yoga Teacher Training Program. This program is for Yoga teachers who have completed a Yoga Alliance-certified basic teacher training program. In this course we will focus on ways of adapting the Integral Yoga Hatha class to meet the needs of specific populations including the elderly, people recovering from injury, and those with disabilities and chronic illness.

By delving deeper into the science of Yoga we will try to uncover the basic elements of yoga practice. We will then explore ways of making these practices accessible to all people regardless of their physical ability.

This advanced training will be an interactive, workshop-style program, and we hope to utilize your knowledge and experience. With this intention, participants will be required to have a daily Hatha Yoga, *pranayama* and meditation practice, and attend all sessions. You will also be asked to take two Gentle Yoga classes outside of class time and evaluate them.

Tuition for the training is \$850 or \$800 for active S.F. Integral Yoga teachers. The course will run from Tuesday, September 7th to Tuesday, October 19th. We will meet on Tuesdays and Thursdays from 6:00pm to 9:00pm, and Sundays from 9:00am to 1:00pm. Feedback classes will be held on Sunday, October 17th from 9:00am to 5:00pm. We won't have class on Sunday, October 10th. Upon completion of the program you will receive 70 Yoga Alliance hours toward RYT500 registration.

Please complete the attached application and return it to me with a \$100 deposit by the application deadline of August 24th. The balance of the tuition is due on the first night of the training, and there will be no refunds after the program begins.

Feel free to call or email me with any questions. I look forward to spending time with you in earnest study and exploration of the glorious science of Yoga.

OM Shanti,



Reverend Jivana Heyman
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www.integrallyogasf.org

Name _____

Address _____

_____ Phone _____

Email address _____

Occupation _____ Date of birth _____

Are you an active S.F. Integral Yoga Institute teacher? _____

Please list all Yoga Teacher Training you have completed, including dates:

What classes are you currently teaching? _____

Health and Diet Restrictions: _____

Non-refundable deposit of \$100 enclosed (cash or check only)

In case of emergency, please notify:

Name: _____

Phone: _____

Please explain why you are interested in taking the Gentle Yoga Teacher Training, and how you intend to use the knowledge gained here. Include any other information that you think might be useful. (*Use back of page or another piece of paper*).

Photo Release

I grant to the San Francisco Integral Yoga Institute and its representatives the right to take photographs/video/recordings of me and my property. I authorize the San Francisco Integral Yoga Institute, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

Agreement

I wish to apply as a Teacher Trainee and I agree to assume full responsibility for any injuries to me that may occur during the training. I am in good health and any physical illnesses or ailments are clearly stated above.

I agree to all of the above,

Signature _____ Date _____