



Set your sights high. Grow strong. Change your life and the lives of others.

APPLICATION
NINE MONTHS *at* THE EDGE
A 235-Hour Yoga School & Teacher Training Program

FEBRUARY – OCTOBER, 2024

Applications for our teacher training program are individually reviewed. Due to the structure and intensity of the program, enrollment is limited (currently 12). **Applications are accepted until training is full.** Submission of your application and deposit indicates that you read, understand, and agree to all of the requirements for the training. **PLEASE NOTE CAREFULLY: Your application and deposit signify your obligation to remit the total program fee after the program begins (regardless of whether you finish the program).**

Once you submit your application, you will hear back from the EDGE within one week. If you have not heard from us after one week, please call 828.310.0130. Upon acceptance to the program, we will contact you via email. Please note, applications will not be reviewed without a deposit of \$500.00. If you are not accepted to the program, your application fee will be refunded. **If you are accepted and you decline to begin the program, the \$500 deposit is non-refundable and non-transferable.**

We reserve the right to cancel the program or segments of it. Refunds will be made accordingly.

Information on your application WILL NOT be discussed with any other individual.

PERSONAL INFORMATION

Name:

Address:

Telephone:

Email:

Date of Birth:

How did you find Yoga with an Edge?

Are you interested in becoming a teacher?

Are you only interested in deepening your personal practice?

How long have you been practicing yoga?

Have you practiced with a live teacher or video or both?

What does your personal practice of yoga mean to you?

What do you hope to gain from this training?

Are you 100% committed to the training, all 9 weekends?

FINANCIAL INFORMATION

Place of employment and how long employed:

How will you pay for your training? Gift Credit Cards Cash or Check

Will you pay the total at one time or in installments? Full Installments

HEALTH

How would you describe your current health status? Fair Good Excellent

Please list any medications currently being taken:

Please list any surgeries in the last 3 years:

Have you been admitted to a hospital in the last 3 years? If yes, please explain briefly.

I have read and agree to the terms of this Application to Yoga with an Edge's NINE MONTHS at THE EDGE. This the _____ day of _____, 20_____.

Name

Please drop your completed application by the studio or mail it to the following address:
Yoga with an Edge | PO Box 995 | Hickory, NC 28603

