

**BHAVANA INSTITUTE FOR YOGA AND AYURVEDA ADVANCED
YOGA STUDYS AND YOGA TEACHER TRAINING PROGRAM
APPLICATION**

**For Office Use Only: Date received _____ Application completed & signed _____
\$50 Fee Received _____ Application approved _____ Acceptance letter sent _____**

Please fill in the following and submit with required documentation and \$50 application fee to:

Bhavana Institute, 140 North LaGrange Road Suite #17, LaGrange, Il 60525

Name (last) _____ (first) _____ (mi) _____

Other Names which appear on documentation _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Evening _____

Email address _____

Birth date _____ Male _____ Female _____

Currant Occupation _____

Emergency Contact _____ Phone Number _____

Program to which you are applying:

Yoga Teacher Training 500-hour program begins Year one 200-hour program 2011 _____

300-hour program 2012 _____

Yoga Studies Program 150-hour 2012 _____

Ayurvedic Educator _____

How did you hear about our programs?

Why are you interested in attending this program?

Are you currently practicing standing asanas if so which ones? Please use Sanskrit names.

Are you currently practicing inversions? If so which ones? Please use Sanskrit names.

Are you currently practicing back extensions? if so which ones? Please use Sanskrit names.

Are you currently practicing pranayama? If so which ones? Please use Sanskrit names.

Do you have a basic understanding of anatomy and physiology? Have you taken a basic anatomy and physiology course?

Please provide a copy of transcripts from your Teacher Training program.