YOGA THERAPY MENTORSHIP APPLICATION

Please type your responses directly on the form. You can then either (1) submit the responses directly to me or
(2) save a pdf of the filled out form and email it to me at cherylbrownyoga@gmail.com.
Also provide a letter of recommendation from one of your teachers.

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| Name:  | Email:  |
| Phone:  | Cell:  |
| Address:  |
| Please provide the date and location of your 200 hour Yoga Teacher Training: |
| Please list the dates, titles and locations of any other yoga trainings you have received: |
| Are you currently teaching public or private yoga classes? Please describe the levels and locations: |
| Please note which of my public classes you will be able to attend - [view the schedule](http://www.yogacheryl.com/schedule.html): |
| Please note which of my public classes (if any) you would like to assist - [view the schedule](http://www.yogacheryl.com/schedule.html): |
| Please tell me a little bit about your personal yoga practice: |
| What you your goals for this mentorship? |
| Do you have ideas for your independent study projects (approximately 30 hours)? |
| Indicate which payment option you would like to make (invoices will be sent via PayPal) : | * 6 months - one installment of $1500
* 6 months - two installments of $775
* 6 months - six installments of $275
* 12 months - twelve installments of $150
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