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](mailto:cherylbrownyoga@gmail.com).   
Also provide a letter of recommendation from one of your teachers.

|  |  |
| --- | --- |
| 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 |