



Road to OM

November 2 – 9, 2007

Teacher Training Intensive
at Greenwich Yoga, Greenwich, CT

Application and full tuition deadline

October 15, 2007

Acceptance Notification

October 22, 2007

Applications Requirements: Applications will not be considered complete, and therefore not considered for acceptance, without the following attachments:

- A. Completed application
- B. 2 current letters of recommendation
 - one from a yoga teacher
 - one from a non-family employer or mentor
- C. A recent photo of you alone (full body shot, if possible)
- D. Full tuition of \$1,695

Tuition Refunds: A \$100 fee applies to all tuition refunds up through October 22, 2007. A \$250 fee applies to all tuition refunds after October 22, 2007. **No refunds after October 31, 2007.**

Tuition Payments: All applicants **must pay their full tuition** at the time of application submission in the form of a check or money order payable to **OM yoga**.

Submissions: All materials must be submitted at once. Enclose application items A, B, C, and D in a sealed envelope and deliver to the OM yoga front desk, addressed as follows:

OM yoga Center
Attn: Sarah Trelease
826 Broadway, 6th floor
New York, NY 10003
Attention: OM500

Acceptance: Applicants who have been accepted will be notified via e-mail.

Physical Requirements

All applications must be able to do urdhva dhanurasana, sirsasana (without support of the wall) and adho mukha vrksasana (with or without the wall). All applicants must have a consistent yoga and meditation practice for at least two years. It is strongly recommended that applicants have attended classes at OM yoga center so that they are familiar with the OM style of yoga.

A current, on-going practice at OM yoga center is strongly recommended for those applying to OM teacher training programs. Priority of acceptance will be given to students currently practicing at OM yoga center.



Greenwich Yoga
Road to OM
Teacher Training
Application Form

Please provide the following information and answer questions 1-7 on a neatly typed page.

Name _____

Address _____

City State Zip _____

Home phone _____ Work phone _____

Mobile phone _____ E-mail address _____

Fax number _____ Date of birth _____

1. Where and when did you receive certification as a yoga teacher?
2. Where are you currently teaching yoga? Where else have you taught yoga?
3. What is your yoga background and experience (including at OM yoga)? How many years you have been practicing yoga? Please list in detail:

School/Style	Teacher(s)	Number of Years

4. What is your educational and professional background outside of yoga?
5. Why do you want to take this intensive OM yoga teacher training?
6. Please describe any special medical concerns you have. Are you currently taking any medication?
7. Do you currently practice yoga at OM? If so, with whom/which classes?