

# Weekend Warrior Program Application

Mail completed forms to:

Sondra Loring, Satya Yoga Center, 6400 Montgomery Street, Rhinebeck, NY 12572.



## Contact Info

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contact (Name):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## About You

How long have you been practicing yoga?

Do you have any health-related issues or injuries?  
If yes, please describe:

Who do you take classes with and how often?

What are your goals for the training?

Is there a teacher or teaching style that you prefer?

How did you hear about the program?

Are you currently teaching? If so, what? How often?

## Choose Your Weekends

Each month will have a focus, and will include additional aspects of yoga study. Please choose from the list below.

**Fee:** \$175 per weekend.

September 12-13: Philosophy

April 9-10: Back Care

October 10-11: Asana & Alignment

May 14-15: Restoratives/Yin

November 14-15: Pranayama

June 11-12: Bringing It Together

December 19-20: Meditation

**There will be two additional workshops, dates tba:**

January 9-10: Anatomy + Medical Issues

Anatomy Workshop

February 13-14 The Art of Sequencing

Techniques of Thai Yoga

March 12-13: Asanas & Assists & Sanskrit

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## Weekend Warrior Program Application (page 2)

### Payment Info

Payment Amount (number of weekend workshops x \$175):

Preferred Payment Method (please check one):  Check    Credit Card:  Visa     Mastercard

(make check payable to "Satya Yoga Center")

Name on Card:

Card #:

Expiration Date:

Security Code:

#### BILLING ADDRESS

Name:

Street:

City:

State:

Zip: