



Birchwood Center Level I Deeping Your Practice Application

September 11, 2009 – March 21, 2010

Dear Applicant,

Thank you for your interest in the Birchwood Center Level I 200-hour Deeping Your Practice Training program. Here are the forms that need to be completed in order to apply. Please read the entire application, print clearly, and answer all questions to the best of your ability. Once we have reviewed your application we will call you to set up an application interview. After our meeting we will notify you of your acceptance status. This application does not assure your place in the program.

Please note: For your application to be considered you must enclose with it a non-refundable application fee of \$50.00 plus a \$500.00 deposit (separate checks please). This deposit is refundable if for any reason you are not accepted into the program. If you are accepted, the deposit will be applied to your tuition. This deposit is non-refundable after September 11, 2009.

If you have any questions about the application process or the certification program call the Birchwood Center office at 845.358-6409 or email info@birchwoodcenter.com.

Please complete the following steps:

1. Check the dates of program sessions to be sure you are available to attend all of the required weekend sessions.
2. Make sure that you meet the prerequisite of six months prior yoga experience, i.e. study with a teacher and personal yoga practice.
3. Fill out the application completely and sign.
4. Read the "Criteria for Participation Agreement", sign and return one copy with your application. Keep the other copy for your records.
5. Return signed application and "Criteria for Participation Agreement" plus the application fee and deposit to Birchwood Center, 85 S. Broadway, Nyack NY 10960,
Attn: Teacher Training Program.

Sincerely,

Betsy Ceva, Director

Application received: _____

Approved _____

Initials of Director _____

Notes: _____

THIS BOX FOR OFFICE USE ONLY



Birchwood Center Level I Deeping Your Practice Application

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Please print clearly and use the back of this sheet if more room is needed.

Name: _____

Address: _____

Telephone: Day _____ Evening _____

E-mail Address: _____

Date of Birth _____

Occupation _____

Have you studied at Birchwood Center and if so, for how long and with whom?

How long have you been practicing yoga? _____

What teachers have you studied with? _____

What style(s) of yoga? _____

At this stage in your practice, what level do you consider yourself? BEGINNER INTERMEDIATE ADVANCED

What do you wish to achieve through this training? _____

Are you under medical supervision for any physical or emotional illness? If yes, are you taking any medication for these illnesses? Please explain.

Are you pregnant? _____ If yes, how many months? _____

Do you have any physical limitations? If yes, please explain _____

Emergency Contact: Name & phone number _____

Please attach a current photo.

How did you find out about the Birchwood Center Teacher Training?

I certify that the above information is true and accurate.

Signature _____ Date _____

Birchwood Center does not discriminate on the basis of race, color, gender, religion, national origin, age, marital status, disability, or sexual preference. The information on this application will be kept confidential.

Criteria for Participation Agreement

Deepening Your Practice

Please take time to read through this agreement, sign it, and send one copy to us with your application. Keep the second copy for your records. Thank you.

Course Objectives:

1. To provide each student with an in-depth experience of Yoga and the consciousness it fosters.
2. To have students learn basic asanas and other yogic practices through direct experience with Birchwood Center instructors and their own personal practice.
3. To instruct students in methodology that will develop their skills as practitioners of Yoga.
4. To deepen the experience and practice of Yoga for students who are committed to Yoga as a way of life.

Certification Criteria Deepening Your Practice:

1. Attendance – To maintain the integrity of the training group 100% attendance is required, arriving to sessions on time and staying to completion. If, in an emergency, you need to miss any session, we ask that you notify the directors prior to the session.
2. Practice teaching – Full participation in group practice teaching during weekend sessions, as both teacher and student, is mandatory.
3. Home practice, required reading, written and other assignments are not required but suggested to receive the full benefit of the program and its teachings.
4. All fees must be paid in full.
5. Students are responsible for signing the attendance roster at each weekend session or weekly class. To be considered present, students must stay for the duration of the session or must talk to the director or teacher before leaving.
6. Exams and testing are not required.

I have read and understand all the above criteria for participation. I understand that I am not entitled to any refunds, credits, or adjustments resulting from my failure to complete the certification requirements.

Signed _____ Date _____