



HOLY COW
YOGA CENTER

10 WINDERMERE BLVD.
CHARLESTON, SC 29407
843-769-2269
EMAIL: YOGAINFO@HOLYCOWYOGA.COM
WWW.HOLYCOWYOGA.COM

500 Hour Teacher Application

Name _____

Street _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Age _____

Email Address
(optional) _____

Please choose either a "FULL" or "PARTIAL" participation option (circle either)

Where did you receive your 200 hour teacher training?

What styles of Hatha Yoga have you experienced?

Do you have a regular teacher(s) that you study with? If so, who?

What kind of trainings are you requiring to further your practice?

Please list the trainings you are planning to attend this year:

At what rate do you anticipate finishing the additional 300 hours to complete your 500 hours? 1-2 years 3-5 years 5 or more years

What other additional school are you planning to attend, if any:

Please send this application along with copies of any prior certifications you have received, including the \$250 application fee if you are enrolling as a "PARTIAL" participant.