



North Carolina School of Yoga

Application for the 300-Hour Training Program



Name: _____

Phone: (_____) _____ - _____ Email: _____

Address: _____

Current Age and State of Health:

How long have you been practicing Yoga?

Please describe a little of your relationship with Chandra and why you wish to study at the NC School of Yoga.

How do you currently apply the 10 precepts of Yoga (Yama & Niyama) to your daily life?

How will you make the time for daily practice?

How will you meet the financial requirements?

How is your diet and belief about it?

Other Comments?

If you require more space, please attach additional sheets of paper.
Kindly mail your completed application with your deposit or payment in full to:
North Carolina School of Yoga, 2012 1/2 Fairview Rd, Raleigh, NC 27608
Please call or email us with any questions: (919) 465-9495 | ncschoolofyoga@mindspring.com