



Teacher Training Programs

P.O. Box 2322
Ft Walton Beach
Florida 32549

850 244 0184

dragonflyyoga.com



DRAGONFLY
YOGA STUDIES

Dragonfly Yoga Studies
200hr Yoga Teacher Training
Launches February 2017

www.dragonflyyoga.com :: 850-244-0184



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200 Hour Teacher Training Tuition and Application

Launch February 18 – 19 , 2017

\$2900 paid in full by January 1st , 2017; \$3200 after.

Payment options available. Formal registration will be accepted after September 1, 2016.

Dragonfly Yoga Teacher Training Program includes vigorous asana practices. It is strongly advised that all applicants have one year of regular asana practice and knowledge. If your yoga doesn't meet this requirement, please include a written explanation and your reasons for applying for the program at this time.

Application Deadlines

To process your application, please send your paperwork in no later than one week prior to the start date of your chosen program. Remember that enrollment is limited. Last minute applicants are only accepted if space is available.

To reserve your space, submit your application along with your non-refundable deposit of \$300. If you are including a check, please make payable to Dragonfly Yoga.

Requirements to apply:

Completed Application
Completion of Payment Information
Recommendations
Confirmation of Program Agreement

You may submit by the following avenues:

In person at Dragonfly Yoga
Email: info@dragonflyyoga.com and attach your application.
Subject line note: Application for Yoga Teacher Training

Mail your application to: Dragonfly Yoga PO Box 2322
Ft Walton Beach, FL 32549
Attn: Yoga Teacher Training Program

Requirements for admission:

- Each applicant will be evaluated on an individual basis.
- Knowledge of the asana, and average physical stamina are required.
- One year of asana practice unless otherwise discussed
- It is not required that you become a certified teacher to in this program.
- You must participate in a weekly asana class with Moira. There are no exceptions unless you live outside the county. If so you may take a weekly class with a qualified instructor.
- You must attend all dates and trainings.



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Dragonfly Yoga Teacher Training Application Form

Name: _____

Address: _____

Phone: _____

Phone: _____

E-mail: _____

Emergency Names

Phone

Relationship

1. _____

2. _____

Training you are applying for:

____ Tennessee

____ Mississippi

____ Florida

____ MyCaa Florida

____ MyCaa Mississippi



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Medical History

Briefly describe your physical health history.

Are you currently suffering from any health condition?

Briefly describe your mental health history. Please include any history of disorders, depression or chronic problems. Include any current medications you are taking.

If you are planning a pregnancy during this program year, are you willing to follow the advice from the facilitator regarding your asana practice?

Let us know about you.

How long you have practiced yoga?

How many days per week do you currently practice?

What style do you enjoy?

List your yoga history including your primary teachers.

Where do you currently practice and with whom?

Do you have a personal home practice? Y/N

Do you practice meditation Y/N pranayama Y/N
inversions Y/N

Are you currently teaching yoga?

What is your interest in participating in this program?

What are your personal expectations for this training?

Describe your food habits and lifestyle.

List any additional information you would like us to know.



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Payment information

The \$300 deposit is due with your application and full payment is required no later than 30 days prior to the start date of the program to qualify you for the \$300 discount. If you are paying in the available 3 installments, your first payment is due no later than the start of the program.

____Paying by check. Please mail the deposit check with your application. You may also include the first installment, or may pay in full. Please include the participant's name (if other than check holder), street address, and phone number on your check.
Make you check payable to Dragonfly Yoga Inc.

____Paying by credit card. ___ Mastercard ___ Visa

CC# _____ exp _____ 3 digit code _____

Name as it appears on card _____

Address and Zip code of cards billing address

_____ state _____ zip _____

I hereby authorize the office of Dragonfly Yoga to withdraw payment of
\$ _____ or deposit and program installments at 8 week intervals until Paid in Full.
Sign here to verify authorization of withdrawal:

_____ date _____

A voided check must be included for the bank account option.

Payment Program

This program offers a payment options for those interested.

Please include a non-refundable \$300 deposit with your application. Formal registration will be accepted after Sept 1, 2016. This deposit will be applied to your tuition. A total of \$300 will be waived for tuition paid in full by January 1st, 2017 (\$2900). Total cost for the program after January 1st, 2017 (\$3200) Tuition paid in 3 installments, including deposit, is \$3200. No penalty for early payment. Installment schedule is on an eight-week rotation. **Installment will be auto-debited from a cc or bank account.**

Installment program does not include the deposit of \$300

Installment one \$975 Due Launch Day (start date)

Installment two \$975 Due 8 weeks from start date

Installment three \$950 Due 16 weeks from start date

The reading material cost is not a part of tuition. Plan the purchase of one, (occasionally two) books per month. These are standard yoga texts that you may already own and will serve as reference guides for the training. You will need to bring your yoga mat and manual for each of the trainings.

This will be a fun and intense two days! Adequate rest and methodical study throughout the month prove to be the best practices for internalizing the information.



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Program Agreement: It is my understanding that I must fulfill all the requirements set forth by Dragonfly Yoga Teacher Training Program. I must complete all required contact hours, homework, volunteer time, quizzes, and the practical and written final evaluations in order to receive my letter of completion of the program. The certificate of completion may then be submitted to Yoga Alliance for registration, or for any use to provide proof of completed training hours.

It is my understanding that Dragonfly Yoga and its teaching staff reserves the right to ask me to leave the program at anytime if I behave in any inappropriate way, am unethical, or in violation of the ethical guidelines set forth by Yoga Alliance. In the event of any of these situations, I will not be refunded my tuition.

It is my understanding that my deposit is non-refundable, and should I cancel my participation, it must be 14 days prior to the start date, in order to receive a refund of my remaining balance after the deposit is removed. Once the program begins, tuition is non-refundable and also non-transferable, unless under special circumstances, and agreed upon by all parties.

It is my understanding that all materials are under copyright protection and cannot be reproduced by me without permission from the author.

I have read and accept the above terms and requirements: ___Yes ___No
Sign here to verify my review and acceptance of the terms and requirements of the program:

_____ **date** _____

Dragonfly Yoga FLORIDA YTT 2017 Dates

- February 18, 19
- March 24, 25
- April 21, 22
- May 19, 20
- June 16, 17
- July 21, 22
- August 11, 12
- September 15, 16
- October 13, 14
- November 3, 4



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Recommendation Letter Guidelines

Two letters of reference

- one yoga related letter
- one personal letter

Name of Applicant _____

Program applied for _____

Recommending Teacher _____

Teacher's Phone Number _____

Teacher's Email _____

To Teacher: The applicant above is applying for the Yoga Teacher Training Program with Dragonfly Yoga. The program includes vigorous asana practice, seated study hours, lecture, and hands on training. Modules are 7 to 9 hours in length, daily.

How long have you known the applicant and in what capacity?

Is this student consistent with practice at a studio level?

Why would you recommend this applicant to a program of this nature?

Why will this applicant be an asset to the Yoga Teacher Training Program?

I recommend _____ for this program and endorse with my signature

_____ date _____

Thank You for your assistance! Please mail this form to the address above.



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Name of Applicant _____

Program applied for _____

Recommending Person _____

Phone Number _____

Email _____

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How long have you known the applicant and in what capacity?

Is this person capable of working consistently with others with an attitude of willingness to grow and learn?

Why will this applicant be an asset to the Yoga Teacher Training Program?

I recommend _____ for this program and endorse with my signature _____ date _____

Thank You for your assistance! Please mail this form to the address above.