

Set your sights high. Grow strong. Change your life and the lives of others.

APPLICATION 300 HOURS at THE EDGE

A 300-Hour Advanced Teacher Training Program

FEBRUARY - SEPTEMBER, 2025

Applications for our 300-hour advanced teacher training program are individually reviewed. Due to the structure and intensity of the program, enrollment is limited (currently 12). Applications are accepted until training is full. Submission of your application and deposit indicates that you read, understand, and agree to all of the requirements for the training. PLEASE NOTE CAREFULLY: Your application and deposit signify your obligation to remit the total program fee after the program begins (regardless of whether you finish the program).

Once you submit your application, you will hear back from the EDGE within one week. If you have not heard from us after one week, please call 828.310.0130. Upon acceptance to the program, we will contact you via email. Please note, applications will not be reviewed without a deposit of \$500.00. If you are not accepted to the program, your application fee will be refunded. If you are accepted and you decline to begin the program, the \$500 deposit is non-refundable and non-transferable.

We reserve the right to cancel the program or segments of it. Refunds will be made accordingly.

Information on your application WILL NOT be discussed with any other individual.

PERSONAL INFORMATI	ON
Name:	
Address:	
Telephone:	Email:
Date of Birth:	
How did you find Yoga with an	Edge?
Have you completed your 200-h	nour teacher training? If so, where?
Are you interested in becoming	a teacher, deepening your personal practice, or both?
How long have you been practic	ing yoga?
Do you have a daily practice? If	so, please describe it.
How has yoga changed your way	y of being?
What do you hope to gain from	this 300-hour advanced teacher training?

Are you 100% committed to the training, all eight weekends?

FINANCIAL INFORMATION

Place of employment and how long employed:	
How will you pay for your training? □ Gift □ Credit Cards □ Cash or Check	
Will you pay the total at one time or in installments? □Full □Installments	
HEALTH	
How would you describe your current health status? □Fair □Good □Excellent	
Please list any medications currently being taken:	
Please list any surgeries in the last three years:	
Have you been admitted to a hospital in the last three years? If yes, please explain briefly.	
I have read and agree to the terms of this Application to Yoga with an Edge's 300-HOURS at THE EDGE. This the day of	

Name

Please drop your completed application by the studio or mail it to the following address: Yoga with an Edge \mid PO Box 995 \mid Hickory, NC 28603





