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[www.coilyoga.com](http://www.coilyoga.com)

**Application and Registration Form  
2019-2020 Yoga Alliance 200 Hour Inner Teacher Training  
& Advanced Studies Program for COIL Yoga**

**ALL APPLICATIONS ARE DUE BY JUNE 1, 2019 for CONSIDERATION**

Date _____	
Name _____	Birthdate _____
(as you would like it printed on your certificate)	
Address _____ _____	
City _____	State _____
Zip _____	
Cell Phone # _____	E-mail Address _____
Emergency Contact Name and Phone Number: _____ _____	

Thank you for taking the time to complete this registration application. As the primary teacher for this training, I hold the responsibility to provide the best container for you as a teacher in training. Part of that role is to ensure that the chemistry of the group will support everyone growing and learning together. It is at my discretion to decide if this may or may not be the right timing for some of the interested students. Filling this out openly and honestly will help me make the best assessment of whom to take into this program at this time.

Thank you

Katie Flinn  
Proud Mother of COIL Yoga since 2002







**If you have further questions or concerns about committing to this training, please contact me and we can connect further to discuss this opportunity for you.**

**Namaste**

**Katie Flinn**

**559-270-4709**

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