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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 May 15th, 2020

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

