

**IYENGAR YOGA**  
**Request use for Business Name**

Date \_\_\_\_\_

Name of Studio: \_\_\_\_\_

Postal Address of Studio \_\_\_\_\_

Phone Number + \_\_\_\_\_

Email address \_\_\_\_\_

The requirements for the use of the Iyengar name in the business name are as follows:

- Iyengar Yoga is the only method that may be taught in the facility.
- All teachers at this place of business must be certified or under the supervision of a mentor or teacher trainer and in the process of becoming certified.
- \*All teachers (including TT's) must be members of the Iyengar Yoga Association and in good standing.
- If these conditions change the Iyengar name may no longer be used.

Business Owner: \_\_\_\_\_

Certification Level: \_\_\_\_\_

Contact Information if different from above \_\_\_\_\_

List the Current Teachers and their level of certification or status on the path to certification (use "TT" for teachers in training). If you have more than six teachers, please copy this form and add additional names on second page.

Teachers Name	Certification Level	Status
1.		
2.		
3.		
4.		
5.		
6.		

**Business Owner Questions (please answer all)**

Is your certification current? YES / NO

Are all teachers at your studio under the supervision of a certified mentor or teacher trainer and in the process of becoming certified? YES / NO

Is Iyengar Yoga the only method being taught at your studio? YES / NO

Return a copy of this form to your Iyengar Yoga Association membership chair and a senior Iyengar teacher in your area. If you have no association, send it only to the most senior teacher. Once your application has been processed you will receive a copy. You will be notified if your request is denied. Please contact your region or senior teacher if you have any questions. Thank you

\_\_\_\_\_  
Business Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Association Designate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Teacher Signature

\_\_\_\_\_  
Date

