**Iyengar Yoga Summer Intensive**

***with***

**Lois Steinberg**

**Monday July 27 – Sunday August 2, 2020**

**Iyengar Yoga Champaign Urbana**

**407 W Springfield Ave., Urbana, IL 61801-8810 USA**

**Phone: (217) 344-9642 www.yoga-cu.com info@yoga-cu.com**

**Fee: $475. Payment from non-US residents is encouraged. If unable, please contact.**

**36 hours CE**

*For dedicated Iyengar Yoga practitioners to deepen practice, skills, and knowledge. Minimum five years study in Iyengar Yoga under the guidance of a CIYT. Therapy issues will not be addressed.*

**Schedule: Topics and times subject to change.**

**Mon, Jul 27** IYCU will be available at 9:00 AM for personal practice time.

2:00 – 2:30pm Introductions

2:30 – 3:30pm Pranayama

4:00 – 6:00pm Asana

**Tues, Jul 28** 9:00 am – 12:00pm Asana

3:30 – 4:30pm Pranayama

4:30 - 5:30pm TBA

5:30 – 6:30pm Mock Assessment/discussion

**Wed, Jul 29** 9:00 am – 11:30pm Asana

2:30 – 4:30pm Peer teaching. Optional. Teach one pose from next syllabus to peers. Lois will evaluate.

5:30 – 7:00pm Standing pose modifications at the trestle and wall.

**Thu, Jul 30** 9:00 am – 11:30pm Asana

12:00pm Crystal Lake Pool! Waterslides, lap lanes, diving board, fun!!!

$6 C-U Residents, $9 Non-residents

6:30pm Potluck at Lois’, fire pit, music, weather permitting, fun!!!

**Fri, Jul 31** 9:00 am – 12:00pm Asana

2:30 – 4:00pm TBA

4:00 – 5:00pm Pranayama

5:30 – 6:30pm Mock Assessment/discussion

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**Sat, Aug 1** 9:00 am – 12:00pm Asana

2:00 – 3:30pm TBA

4:00 – 5:30pm Pranayama

**Sun, Aug 2** 9:00 – 11:30 am Asana

**University Housing:** Email [conference@illinois.edu](mailto:confhsng@uiuc.edu) or call (217) 333-1766. Check the web site www.yoga-cu.com for other housing information, directions to IYCU, bike rentals and eating establishments.

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**Registration Form** **- Yoga Intensive Monday July 27- Sunday August 2, 2020**

Name e-mail ­­\_\_\_\_\_\_

Address

City, State, Zip \_\_Phone: \_\_\_\_\_\_

**Optional**:

I request to teach peer group style \_\_\_\_\_\_\_\_\_I request to teach assessment style \_\_\_\_\_\_\_\_\_

**Certification Level:**

Who is your primary teacher?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to practice long timings of inversions and their variations as well as backbends independently? If no, what support or assistance do you require?

**Amount enclosed $\_\_\_\_\_\_\_\_\_Payment due at time of registration to hold your space.**

**Notification will be sent by email once the application is reviewed. Please feel free to follow up directly at** [**info@yoga-cu.com**](mailto:info@yoga-cu.com) **to check the status of your application. Once the application is approved, please complete Tuition Payment. Registration will not be complete until full payment is received. Payment is final. No refunds will be provided. Cancellation received 30 days or more before the workshop can be credited toward future workshops. After 30 days no credit will be applied.**