

YOGA YOGA

TEACHER TRAINING

HATHA LEVEL I TEACHER TRAINING REGISTRATION FORM SUMMER 2010

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone, Day: _____ Evening/Cell: _____

Email: _____ Birth Date: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Number: _____ Relation: _____

THINGS WE NEED FROM YOU:

- Current Photo Copy of high school or college diploma, transcript or GED

Class Schedule

Class attendance is required. Classes meet from 12:00pm - 6:00pm at Yoga Yoga 360, 2501 S Capital of TX Hwy.
Orientation is on Friday, May 14th from 6:30pm - 8:30pm.



May	15	July	31	October	23
	16	August	1		24
	29		14	November	6
	30		15		7
June	12		28		13
	13		29		14
	26	September	11		
	27		12		
July	3		25		
	4		26		
	17	October	9		
	18		10		

Please return this registration in person or by mail to the Yoga Yoga Teacher Training office at Yoga Yoga South.

Yoga Yoga South
1700 South Lamar
Austin, Texas 78704

phone: (512) 326-2273
fax: (512) 916-4595

For information: www.yogayoga.com/training
e-mail: training@yogayoga.com

Payment Options

Choose a payment option that best suits your needs. Payment is required at the time of registration. A non-refundable registration fee of \$100 is included in the cost of the program.

- Single Payment Option:** \$2995 paid in full at registration (Our most economical option!)
- Multiple Payments Option:** Deposit of \$595, and 2 consecutive payments of \$1400 (\$3395 total).
(Total amount to be paid prior to graduation)
- Deposit made by:** Check Credit Card Cash

TOTAL _____

Special Unlimited Monthly Class Pass

Yoga Yoga Teacher Training students are eligible for a \$69.00 Unlimited Monthly Class Pass good for any yoga class at our Yoga Yoga locations. Please Note: Special Series and Events are not included. Students are eligible for this discount from their date of registration until their date of graduation. This is a monthly auto renewal pass that can be initiated one time only for a minimum of 3 months.

- \$69.00 Monthly Auto Renewal** - must provide credit card information for automatic withdrawal.
Start date: _____

Payment

- Check # _____ Cash (In Person Only) Visa MC Amex Discover ACH

Note method of payment and write the total amount payable in the box on the right of the payment information. Please fill in credit card or bank account information, if applicable.

Name on Card or Account _____ Signature _____

Card Number _____ Expiration Date: _____

Bank Account Number _____

Bank Routing Number _____

Voided Check Attached

TOTAL PAID

\$

TOTAL DUE

\$

Authorization for Automatic Bill Payment

I authorize Yoga Yoga to charge payments based on the following schedule:

DATE AMOUNT

I have the right to stop the charge by notifying Yoga Yoga at least seven (7) business days prior to the first date of the training. My authorization will remain in effect until revoked by me, my financial institution, or Yoga Yoga.

I understand that if I revoke the authorization for the credit card payment, I will not be able to attend the training.

Signature: _____ Date: _____

Please read and sign before returning registration.

Print Name: _____

Refund Policy - To view our refund policy, visit: www.yogayoga.com/training/refunds

Waiver of Liability - The undersigned by signing this agreement indicates that s/he understands the risks inherent in practicing yoga and hereby assumes all risks incident to such activity and waives any claim or right of action against Yoga Yoga and it's officers, shareholders, employees and agents for loss, expenses, liabilities, damages or legal fees incurred on account of any loss or injury to the undersigned's property incurred in connection with and/or as a result of the undersigned's attendance at classes conducted by Yoga Yoga and /or use of the Yoga Yoga facilities.

By my signature below, I acknowledge that a written description of the course content and the Yoga Yoga Refund Policy was made available to me not less than 14 days prior to the beginning date of the course, regardless of the date of my registration.

Prices subject to change.

Signature: _____ Date _____

www.yogayoga.com/training

FRONT DESK USE OM SOFT ID YTTT ACTIVE DATE RECEIVED PAYMENT RECEIVED STAFF INITIALS

YTTT STAFF STUDENT ENTERED REGISTRATION ENTERED CONFIRMATION SENT STAFF INITIALS