

# YOGA YOGA

## TEACHER TRAINING

### ADVANCED STUDIES FOR HATHA TEACHERS REGISTRATION FORM

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     Copy of 200 Hour Yoga Training Program Certificate

| Class Name   | Start Date     | Location  | Price              |       |
|--|----------------|-----------|--------------------|-------|
| Foundations of Vedic Astrology for Yoga Teachers (36 hrs)          | Jan. 16, 2010  | North     | \$595              | _____ |
| Advanced Asana Practice and Instruction (36 hrs)                   | Jan. 23, 2010  | 360       | \$595              | _____ |
| Advanced Training: ART OF TEACHING (50 hrs)                        | Mar. 6, 2010   | 360       | \$895              | _____ |
| Business Skills for Yoga Teachers (18 hrs)                         | Mar. 12, 2010  | North     | \$295              | _____ |
| Teaching Children's Yoga: Radiant Child with Shakta Kaur (30 hrs)  | Apr. 16, 2010  | Northwest | \$695              | _____ |
| Ayurveda: Healing Science of Yoga with Dr. Robert Svoboda (12 hrs) | May 7, 2010    | 360       | \$195 (4/1)/\$225  | _____ |
| Advanced Training: ASANA and MOVEMENT (50 hrs)                     | May 15, 2010   | North     | \$895              | _____ |
| Chakra Therapy: Theory and Practice (36 hrs)                       | Jun. 12, 2010  | North     | \$595              | _____ |
| Vinyasa Yoga Training with Seane Corn (25 hrs)                     | Jun. 28, 2010  | Westgate  | \$495              | _____ |
| Western and Yogic Anatomy with Leslie Kaminoff (18 hrs)            | Jul. 9, 2010   | Westgate  | \$225 (6/1)/\$250  | _____ |
| Yoga, Ayurveda and Vedic Astrology (36 hrs)                        | Jul. 24, 2010  | North     | \$595              | _____ |
| Asana Clinic and Intensive with Donna Farhi (25 hrs)               | Sept. 17, 2010 | Westgate  | \$550 (8/15)/\$595 | _____ |
| Advanced Training: PRANAYAMA & MEDITATION (50 hrs)                 | Sept. 25, 2010 | North     | \$895              | _____ |
| Ayurveda and The Five Elements (18 hrs)                            | Sept. 28, 2010 | South     | \$295              | _____ |
| Gentle Yoga, Chair Yoga and Yoga for Seniors (36 hrs)              | Oct. 9, 2010   | South     | \$595              | _____ |
| Business Skills for Yoga Teachers (18 hrs)                         | Nov. 5, 2010   | North     | \$295              | _____ |
| Advanced Training: ART OF TEACHING (50 hrs)                        | Nov. 20, 2010  | 360       | \$895              | _____ |
|  |                |           | <b>TOTAL</b>       | _____ |

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](http://www.yogayoga.com/training)  
e-mail: [training@yogayoga.com](mailto:training@yogayoga.com)

## Payment Options

Choose a payment option that best suits your needs. Payment is required at the time of registration. \$40 processing fee for withdrawal.

- Pay in full \$ \_\_\_\_\_
- Payment Plan: \$200.00 down, and **balance due prior to first day of classes**

| <b>Payment</b>   |   |
|--|---|
| <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash (In Person Only) <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> 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 _____  | <b>TOTAL PAID</b><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-size: large;">\$</div> |
| <input type="checkbox"/> Card Number _____ Expiration Date: _____  |   |
| <input type="checkbox"/> Bank Account Number _____   | <b>TOTAL DUE</b><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-size: large;">\$</div>  |
| <input type="checkbox"/> Bank Routing Number _____   |   |
| <input type="checkbox"/> Voided Check Attached   |   |

## Authorization for Automatic Bill Payment

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

| DATE  | AMOUNT | PROGRAM |
|-------|--------|---------|
| _____ | _____  | _____   |
| _____ | _____  | _____   |
| _____ | _____  | _____   |
| _____ | _____  | _____   |
| _____ | _____  | _____   |
| _____ | _____  | _____   |
| _____ | _____  | _____   |
| _____ | _____  | _____   |
| _____ | _____  | _____   |
| _____ | _____  | _____   |

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](http://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 or 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](http://www.yogayoga.com/training)

|                    |                       |                            |                         |                        |                      |
|--------------------|-----------------------|----------------------------|-------------------------|------------------------|----------------------|
| _ FRONT DESK USE _ | OM SOFT ID _____      | YYTT ACTIVE _____          | DATE RECEIVED _____     | PAYMENT RECEIVED _____ | STAFF INITIALS _____ |
| _ YYTT STAFF _     | STUDENT ENTERED _____ | REGISTRATION ENTERED _____ | CONFIRMATION SENT _____ | STAFF INITIALS _____   |                      |