

YOGA YOGA

TEACHER TRAINING

HATHA INTENSIVE 2009/2010

REGISTRATION FORM

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

Classes meet at Yoga Yoga Northwest, 12001 Burnet Road

	November 1-8, 2009	February 13-20, 2010	May 1-8, 2010
	Sun, 9am-6pm	Sat, 2pm-6pm	Sat, 2pm-6pm
	Mon-Fri, 8:30am-5:30pm	Sun, 9am-6pm	Sun, 9am-6pm
	Sat, 9am-6pm	Mon-Fri, 8:30am-5:30pm	Mon-Fri, 8:30am-5:30pm
	Sun, 9am-1pm	Saturday, 9am-6pm	Saturday, 9am-6pm

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 8 monthly payments of \$350 (\$3395 total)
- 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 five studios. Please Note: Special Series and Events are not included. Students are eligible for this discount from their date of registration. 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.

TOTAL _____

PAYMENT

Please attach receipt.

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

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 information, if applicable.

Name on Card _____ Signature _____

TOTAL PAID

Card Number _____ Expiration Date: _____

\$

Autorenewal entered by _____ Date: _____

Authorization for Automatic Bill Payment

I authorize Yoga Yoga to charge \$ _____ / month on the _____ day of each month for _____ consecutive months. This charge will be made from the account identified above. 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 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

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