

YOGA YOGA

TEACHER TRAINING

ADVANCED STUDIES FOR KUNDALINI 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 _____
Business Skills for Yoga Teachers (18 hrs)	Mar. 6, 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 _____
Chakra Therapy: Theory and Practice (36 hrs)	Jun. 12, 2010	North	\$595 _____
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 _____
Kundalini level 2 : Vitality and Stess (50 hrs)	Sept.11, 2010	Westgate	\$895 _____
Ayurveda and The Five Elements (18 hrs)	Sept. 28, 2010	South	\$295 _____
Business Skills for Yoga Teachers (18 hrs)	Nov. 5, 2010	North	\$295 _____
Total			_____

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. \$40 processing fee for withdrawal.

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

Payment	
<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 _____	TOTAL PAID <div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">\$</div>
<input type="checkbox"/> Card Number _____ Expiration Date: _____	
<input type="checkbox"/> Bank Account Number _____	TOTAL DUE <div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">\$</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

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 _____	