

BUDDHI POWER YOGA 200-HOUR TEACHER TRAINING STUDENT EDUCATION APPLICATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK: _____ CELL: _____
EMAIL: _____ AGE: _____ GENDER: _____

EMERGENCY CONTACT

NAME: _____
PHONE: _____ RELATIONSHIP _____

DESCRIBE YOUR YOGA BACKGROUND:

HOW LONG HAVE YOU BEEN PRACTICING?

HOW OFTEN DO YOU CURRENTLY PRACTICE?

DO YOU HAVE A HOME PRACTICE?

WHAT STYLES OF YOGA DO YOU USUALLY PRACTICE?

AS A STUDENT WHAT DO YOU CONSIDER YOUR STRENGTHS?

AS A STUDENT WHAT DO YOU CONSIDER YOUR WEAKNESSES?

WHAT ARE YOUR EXPECTATIONS FROM THIS PROGRAM? WHAT DO YOU HOPE TO GAIN, LEARN, ETC.?

PLEASE EXPLAIN ANY HEALTH ISSUES, INJURIES, CONDITIONS, ETC. THAT MIGHT HAVE AN IMPACT ON YOUR TRAINING AND PRACTICE.

PRE-REQUISITES:

-A MINIMUM OF ONE YEAR WITH A REGULAR YOGA PRACTICE IS RECOMMENDED.

PAYMENT & POLICIES:

TOTAL COST STUDENT EDUCATION PROGRAM: \$2500.00

A \$300.00 NON-REFUNDABLE DEPOSIT IS DUE WITH APPLICATION. THIS WILL BE REFUNDED IN FULL IF YOUR APPLICATION IS NOT ACCEPTED.

IF YOU CANCEL BEFORE 14 DAYS PRIOR TO THE START OF THE SESSION, YOU WILL RECEIVE A REFUND MINUS THE \$300 DEPOSIT. THIS CAN BE CREDITED TOWARDS A FUTURE TRAINING SESSION.

WITHIN THE 14 DAY TIME PERIOD, NO REFUNDS AND DEPOSITS ARE FORFEITED.

NO CREDITS OR REFUNDS AFTER THE START OF THE FIRST TRAINING SESSION.

YOU WILL BE ISSUED A FULL REFUND IF THE TRAINING PROGRAM IS CANCELLED BEFORE THE START.

UPON RECEIPT AND ACCEPTANCE OF YOUR APPLICATION, YOU WILL BE SUPPLIED THE PROGRAM READING LIST AND ANY RECOMMENDED READING THAT SHOULD BE COMPLETED BEFORE THE FIRST SESSION. TRAINING COST INCLUDES A TEACHER TRAINING MANUAL, BUT DOES NOT INCLUDE OTHER READING MATERIALS.

PAYMENT OPTIONS: (your application will not be processed until your deposit is received)

_____ CHECK MADE PAYABLE TO BUDDHI MAT

_____ CREDIT CARD pay online at www.buddhimatyoga.com

I UNDERSTAND THAT TO MAINTAIN THE INTEGRITY OF THE TRAINING GROUP THAT ATTENDANCE AT ALL TRAINING SESSIONS IS MANDATORY. PARTICIPATION IN ALL TRAINING SESSION ACTIVITIES WILL BE REQUIRED. I AM NOT ENTITLED TO ANY REFUNDS, CREDITS, OR ADJUSTMENTS RESULTING FROM MY FAILURE TO ATTEND ALL SESSIONS.

I UNDERSTAND THAT I WILL NOT BE RECEIVING CERTIFICATION AND WILL NOT BE ELIGIBLE TO REGISTER WITH YOGA ALLIANCE.

BY SIGNING I UNDERSTAND AND AGREE TO THE ABOVE TERMS, CONDITIONS AND REQUIREMENTS OF BUDDHI POWER YOGA 200 HOUR TEACHER TRAINING STUDENT EDUCATION PROGRAM AND THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND COMPLETE.

NAME (PRINT) _____

SIGNATURE _____

DATE _____

SUBMIT TO: BUDDHI MAT YOGA
66 DANBURY ROAD
RIDGEFIELD, CT 06877