

hOMe Yoga TT Application

1 **Name** _____

2 **Address** _____

City State Zip _____

3 **Phone** _____ **Email Address** _____

4 **How long have you been practicing Yoga?** _____

5 **Who have been your teachers?** _____

6 **Why do you want to enroll specifically in this teacher training program?** _____

7 **What are your hopes/expectations of the program?** _____

8 **What does it mean to be a teacher?** _____

9 This teacher training program is a deeply sacred transformational experience. It is demanding and vigorous and will challenge you in ways you may not expect. It is also rewarding and empowering. What has been the most challenging experience you've had to this point and how did you navigate the difficulties.

10 What qualities are essential in an excellent yoga teacher?

11 Demonstrate how you possess those qualities or describe how you aspire to?

12 Health Information. Please let us know about any injuries, physical conditions, or psychological issues that you feel might get in the way of your full participation. This information is confidential and will help us serve you better.

By submitting this application, I, _____, acknowledge that this is a tremendous undertaking.
(print name)

Should I be accepted, I will do everything in my power to be present and prepared for all scheduled classes.

_____ (sign) _____ (date)

Thank you very much for your time and interest! We will notify you very soon!

Payment Plan Agreement 2010/2011 hOMe Yoga TT

1 Name _____

2 Calculate Payment:

Tuition: \$2900
Early Registration Discount: \$ (Subtract \$200 if paid in full by Aug 24th 2010)
Deposit/Payment: \$ \$200 Check One:
Check Visa/MC/Amex Money Order
Fill in credit card information at bottom of page.

Balance Due: \$

3 Payment Options:

Option #1: Pay the balance due in full on or before August 24th and receive a \$200 discount

Option #2: Pay the balance due in full on or before September 17th, 2010

Option #3: Pay \$200 deposit. The balance will be paid over 8 monthly payments.

A \$10.50 processing fee will be applied to each payment. See below.

1st Payment	October 1st 2010	\$348
2nd Payment	November 1st 2010	\$348
3rd Payment	December 1st 2010	\$348
4th Payment	January 1st 2010	\$348
5th Payment	February 1st 2010	\$348
6th Payment	March 1st 2010	\$348
7th Payment	April 1st 2010	\$348
8th Payment	May 1st 2010	\$348

4 Choose method of payment:

I will send checks payable to hOMe Yoga by the 1st of each month listed above.

You may automatically charge my Visa/MC/Amex on the due dates listed above.

Visa/MC/Amex Number _____ Exp _____

Signature _____ Name on card: _____

Billing Address (if different from above): _____

A \$10 late fee will be charged for each payment received after the due date.