



*brighten your spirit!*  
four winds yoga

## 2008 Teacher Training Application Form

Name:	_____	DOB	_____
Address	_____		
City	_____	State	_____
	_____	Zip	_____
Phone	_____	Cell:	_____
Email	_____		
Person to contact in emergency: Name	_____		
Relationship	_____	Phone	_____

- 1) How did you hear about this teacher training?
- 2) Tell us about your yoga practice (length of time, specific teachers, types of yoga).
- 3) Please list any other training or experience you think is relevant.
- 4) Why are you interested in taking this teacher training course?
- 5) What are your expectations for this training? What are your hopes? What would you like to work on?
- 6) Please tell us about your health, any injuries, illnesses etc. Are you currently on any medications?
- 7) Please list any other interesting things you think we should know about you.

Please drop off or mail application to 114 West Franklin Ave,  
K-2, Pennington, NJ 08534, Attn: 2008 FWY Training. Thank you!

# Four Winds Yoga Payment Plan Agreement

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## Payment and Options:

Tuition: \$2750  
Deposit: \$500 **non-refundable** with application (secures your space)  
Early Registration: \$2550 by July 21, 2008

## Option for payment

\_\_\_\_\_ Option 1: Pay in full by July 21, 2008- \$2550.

\_\_\_\_\_ Option 2: Pay in full by Aug 27, 2008- \$2750

\_\_\_\_\_ Option 3: Payment plan: \$500 with application and balance paid over 4 monthly installments of \$575.00 (includes a \$12.50 processing fee to each payment) through automatic credit/debit.

\$575.00 Sept 15, 2008

\$575.00 Oct 15, 2008

\$575.00 Nov 15, 2008

\$575.00 Dec 15, 2008

\_\_\_\_\_ You may automatically charge my credit card on the due dates listed above.

## Visa/MC/Amex/Discover

Number \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name on Card \_\_\_\_\_

## REFUND Policy:

\$500 deposit is NON-REFUNDABLE. If you withdraw up to 10 days before the program start date, your entire balance (less the \$500 deposit) will be refunded. NO REFUNDS will be given after Sept 8, 2008.

I have read, understand and agree to the above terms and policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed application form to:

FOUR WINDS YOGA

114 WEST FRANKLIN AVE, K-2

PENNINGTON, NJ 08534