



brighten your spirit!  
**four winds yoga**

## 2010-2011 Teacher Training Application Form

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

**\*\*\* Please take time in answering these questions thoughtfully on a separate sheet of paper. Thank you.\*\*\***

- 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 or under a care of a doctor?
- 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: 2010-11 FWYTT. Thank you!

## Four Winds Yoga Payment Plan Agreement

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

Payment and Options:

Tuition: \$2850

Deposit: \$500 **non-refundable** with application (to secure your space)

**Early Registration: \$2650 by Aug 21, 2010**

Option for payment

\_\_\_\_\_ Option 1: Pay in full by Aug 21, 2010- \$2650.

\_\_\_\_\_ Option 2: Pay in full by Oct 1, 2010- \$2850

\_\_\_\_\_ Option 3: Payment plan: \$500 with application and balance paid over 4 monthly installments of \$598.00 (includes a \$10.50 processing fee to each payment) through automatic credit/debit.

\$598.00 Oct 15, 2010

\$598.00 Nov 15, 2010

\$598.00 Dec 15, 2010

\$598.00 Jan 15, 2011

\_\_\_\_\_ 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 2 weeks before the program start date, your entire balance (less the \$500 deposit) will be refunded. **NO REFUNDS will be given after Oct 6, 2010.**

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