

Northwest Yoga Society
Yoga Teacher Training Enrollment Form

Name: _____
(as you would like it to appear on your certificate)

Date: ____/____/____

Occupation: _____

Birth date: ____/____/____

E-mail: _____

Phone #: ____ - ____ - ____

Address: _____

What interests you most about attending this program? _____

What kind of learner are you? Audio, visual, kinesthetic? _____

History of injuries and surgeries that impact your ability to practice, teach and/or require modifications: _____

How did you hear about this Teacher Training Program? _____

What kind of teacher/communicator do you strive to be? How do you want people to feel when you speak? _____

Please check your desired payment option:

Payment Plan

___ Before 9/30/2018: \$500 deposit & 5 payments of \$450

___ After 9/30/2018: \$500 deposit & 5 payments of \$500

Pay In Full

___ Before 9/30/2018: \$2,750

___ After 9/30/2018: \$3,000

___ Cash ___ Check ___ Other

I commit to completing this program as well as these agreed-upon payment terms.

My Name _____

My Signature _____

Today's Date _____