

Northwest Yoga Society  
**Inclusive Vinyasa Yoga Teacher Training Application**

Your information will be kept confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Yoga experience (years, type): \_\_\_\_\_  
\_\_\_\_\_

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 do you hope to gain from your experience in the program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check your desired payment option:**

Payment Plan (please specify amounts and dates below):

\_\_\_ Before 12/15/2019: \$500 deposit & 5 payments of \$460 (\$2800 total)

\_\_\_ After 12/15/2019: \$500 deposit & 5 payments of \$510 (\$3050 total)

Deposit \$ \_\_\_\_/\_\_\_\_/\_\_\_\_ #1 \$ \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \$ \_\_\_\_/\_\_\_\_/\_\_\_\_  
#3 \$ \_\_\_\_/\_\_\_\_/\_\_\_\_ #4 \$ \_\_\_\_/\_\_\_\_/\_\_\_\_ #5 \$ \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment type: \_\_\_ Cash \_\_\_ Check \_\_\_ Other \_\_\_ Credit Card (Venmo/Paypal/Stripe)

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

\_\_\_\_\_  
My Name

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
Today's Date