



## TEACHER TRAINING APPLICATION

### PERSONAL INFORMATION

DATE:

Name:

Address:

Date of Birth:

Telephone:

eMail:

Cell:

Home:

### HISTORY

Injuries, limitations and medical history (if applicable):

Yoga - Experience / Yoga Styles Practiced:

Time: (years)

Anusara Yoga - Experience / Teachers Studied With:

Time: (hours &/or years)

Why do you want to take the Teacher Training? What would you like to receive?

Session: Teacher Training 1, Teacher Training 2, Both (Circle one)

Investment: (Choose an investment plan) - Cash, Check, Cashier's Check, or Money Order

[1] Payment in full:			
\$	Date Due:		
[2] Payments:			
Deposit: 50% - \$	Payment: \$	X	Dates Due:
<i>Waiver</i> <i>I the undersigned acknowledge the inherent risks associated with yoga and physical exercise. I accept those risks and enter into the training freely of my own free will and will hold no one liable for any injury, whether physical or mental, arising from the attendance of the training, associated exercises and/or the use of the premises. I give my permission to use any photographs or video for future publication.</i>			

Signature:

Cancellation Policy: Full payment or 50% deposit is required to reserve your space. In case of a cancellation, a complete reimbursement, minus a 10% administration fee will be offered if cancellation is received at least 7 days prior to the beginning of the training. If it is necessary to cancel within one week of the training or after it begins, you will receive full credit for another immersion, training or workshop with B.J. Galván.

\_\_\_\_ Please initial that you have read and agree to the terms and conditions of cancellation policy.

Mail form to Yoga Studio Inc, 2050 W. Main St #3, Rapid City SD 57702

