



APPLICATION FOR 200 HOUR YOGA TEACHER TRAINING COURSE

Name _____ Address _____
City _____ State _____ Zip _____
Telephone () _____ Fax () _____
Email _____ Website _____

It is my intention to participate in the 200 hour Teacher Training Program beginning on _____, I plan to complete the required courses listed herein on or around _____. As I am making a commitment at this time to complete the full program, I understand that I am eligible to participate in a payment plan at the rates shown on the attached program. I plan to attend the classes listed on the schedule for year _____.

The cost of the classes listed in this agreement cover only the cost of providing instruction at the time scheduled. It does not cover the cost of books and other course materials, optional classes offered during the year, study groups, or private sessions received as required for program certification.

I also understand and agree to the following policies and procedures:

Payments are due on the 1st day of the month. Late payments are subject to a \$25 processing fee. If a payment is more than one month overdue, then the student will not be able to amend further classes until payments are brought current.

Missed Class Policy: If the student is unable to attend a class, it is the student's responsibility to notify the school prior to the start date of the class and make arrangements to make up the class. Financial policies regarding missed classes are as follows:

Each student may miss no more than 3 days in the program, and must be present for entire practicum scheduling. Each class missed must be made up with the teacher of that class, and the teacher will charge \$85.00 per hour of tutoring. A make-up session will generally last no more than an hour, but must be made up before completion of the program.

Cancellation Policy: If the student is unable to complete the program for any reason, the student will owe the Full Cost of each class already taken, (the rate of \$100 per day) plus a \$25 processing fee).

If the amount the student has paid exceeds the amount of cost of classes taken, a refund will be issued. This policy does not include costs paid for books, private sessions, or classes that were missed without advance notice. Classes missed without notice will be charged to the student's account at final review.

Student's Name (Print) _____

Student's Signature _____ Date _____

Program Director's Signature _____ Date _____

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