

APPLICATION

Registered Polarity Educator Program

Name _____

Program Location (US only) _____

Address _____

City _____ State _____

Zip _____

Mobile Telephone _____

Email _____ Registered Polarity Educator Training Program beginning on _____, I plan to complete the required courses listed herein on or around _____. As I am making a commitment 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

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 \$150 per day) plus a \$25 processing fee).

Program Cost and Payment: The full cost of the Program is \$750. A non-refundable deposit of \$250 will be required to hold your spot. You will arrange with your paying agent the method of payment. If you are paying through the Yoga & Polarity Center, Inc., you will be charged monthly on your credit card.

Students will be required to receive no less than 4 supervision sessions during this training. Supervisions must be received from RPP status Practitioners only. The cost of the Supervision sessions shall be prorated by the office to be \$100 per 50 minutes.

The Student will also be required to assist ONE FULL APP TRAINING as an assistant.

This policy does not include costs paid for books, private sessions, or classes.

Student's Name (Print) _____

Student's Signature _____ Date _____

Program Director's Signature _____ Date _____

Location Directors Signature

**32 Church Street Malverne, New York 11565 www.yogapolarity.com
(516) 578-2898**

Credit Card # _____

Expiration _____ **CVV Code** _____ **Zip Code Associated** _____

Need credit card number please