



200-HR YOGA TEACHER TRAINING APPLICATION

Weekday Training – September 2017 - April 2018

Application and deposit due August 31, 2017

Student's Name: _____

Phone: _____

Address: _____

Email: _____

City/State/Zip: _____

Birthday: _____

Company: _____

Marital Status: _____

Occupation: _____

Gender: _____

How did you hear about Transform NOLA's yoga teacher training?

____ FaceBook ____ Yelp ____ Signage ____ Brochure/Flyer ____ Natural Awakenings ____ Internet

____ Email notification ____ Another yoga studio ____ Other Advertising _____

____ Friend/Training graduate _____

Are you under a physician's care? ____ Yes ____ No

If yes, for what reason?

Epilepsy? ____ Yes ____ No

Diabetes? ____ Yes ____ No

Are you currently seeking mental health care? ____ Yes ____ No

If yes, for what condition?

Please list any current medications:

Have you ever been hospitalized? ____ Yes ____ No

If yes, for what condition?

Do you have any dietary requirements?

What is your past history with yoga practice? Please include any previous experience, workshops or intensives with Rolf Gates or Mia Oramous:



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INTENSION SETTING:

Please take a moment to write down what you want out of this Teacher Training. There is a power in writing down goals, sharing them and then referring to them often. What is your intention for taking this program?

Describe your perfect life:

Is there anything else you'd like us to know?



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PAYMENT OPTIONS:

_____ \$500 Deposit for all payment plans due August 31, 2017. Required to hold spot in training.

FAST ACTION DISCOUNT: First three applications submitted with full \$500 deposit will receive \$200 off tuition. First come, first served.

_____ Option 1: I wish to pay the entire \$3200 tuition by September 1, 2017.

_____ Option 2: Extended payment plan for \$2700 (\$3200 less \$500 deposit) = \$340 per month automatically paid by credit card from September 2017 through March 2018 on the 1st of each month; then a final payment of \$320 on April 1, 2018.

_____ Option 3: Fast Action Discount payment plan for \$2500 (\$3200 less \$200 discount less \$500 deposit) = \$310 per month automatically paid by credit card from September 2017 through March 2018 on the 1st of each month, then \$330 on April 1, 2018.

_____ Option 4: Personal payment schedule. Please outline what would work for you:

_____ By checking this box and submitting this application, I agree to pay the amount designated for the payment option selected above. I agree that if my application is accepted, that:

- If I have selected the full payment option (Option 1), I will be charged \$3200 on September 1, 2017.
- If I have selected the payment plan (Option 2), I will be charged \$500 by August 31, 2017 and I agree that seven consecutive monthly payments of \$340 will be charged to my credit card on file on the 1st of each month, beginning on September 1, 2017 through March 1, 2018. with a final payment of \$320 on April 1, 2018.
- If I have selected the payment plan (Option 3), I will be charged \$500 by August 31, 2017 and I agree that seven consecutive monthly payments of \$310 will be charged to my credit card on file on the 1st of each month, beginning on September 1, 2017 through March 1, 2018, with a final payment of \$330 on April 1, 2018.
- If I have selected the personal payment schedule (Option 4) and it has been approved, then I agree to those terms.

Please contact Mia Oramous with any payment inquiries at mia@TransformNOLA.com or 985-640-2648.

CREDIT CARD INFORMATION

The following information is to be used to debit my account automatically each month as stated above:

Name on card _____

Billing address _____

City/State/Zip _____

Card type/ number _____

Expiration date _____ CCV _____



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PAYMENTS/REFUNDS TERMS AND CONDITIONS:

I understand and agree that if I cancel my enrollment at least 45 days before the beginning of my program, I will be entitled to a refund of amounts paid, less \$500. I understand and agree that if I cancel my enrollment less than 45 days before the beginning of my program, or if I do not complete the program for any reason other than cancellation of the program by Transform LLC, I will not be entitled to any refund, and will be obligated to pay any remainder of the enrollment fee designated above. If I cancel my enrollment or fail to complete the program, I may request credit toward another program, which may be granted by Transform LLC in its sole discretion.

___ I have read and agree to the Payments/Refunds Terms and Conditions (required).

Signature: _____

Date: _____

Please email application to: mia@TransformNOLA.com. Or mail to: 9025 Green St., New Orleans, LA 70118.

Thank you! We are excited to embark on this journey with you! You will receive a welcome letter shortly. Please let us know if there is anything that we can help you with!

Namaste!
