

Metro Power Yoga 200 Hour Teacher Training Application

First Name: _____ Last Name: _____

Gender: F ___ M ___ Date of Birth: _____

Address: _____

City: _____

State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Education: _____

Occupation (s): _____

Emergency Contact: _____

Phone: _____ Relationship: _____

How did you hear about our program? _____

1. What brought you to yoga and what has it done for you?

2. How long have you been practicing yoga?

3. Why *this* training and why now?

4. What style(s) of yoga do you practice or have you explored?

5. How often do you practice?

6. What is your experience with Baptiste Yoga?

7. What do you practice? ___ Asana ___ Pranayama ___ Meditation ___ Chanting
___ Other _____

8. Are you currently teaching yoga? If so, where?

9. What in your life will help you as a teacher?

10. What other health and fitness training or related background do you bring?

11. What are your expectations for this training?

12. List any personal-growth, transformational courses, workshops, seminars or retreats you have completed.

13. Is there anything we need to know that may affect your ability to participate in and complete this program? (medications, illnesses, family, etc.)

Payment Information

1. \$200 Application fee. Due with application. Non-refundable.
2. \$500 Deposit due upon program acceptance.
3. Tuition balance: remaining \$1800 tuition is due by last class session. Payment schedules are available - please inquire. \$200 Application fee + \$500 Deposit + \$1,800 remaining tuition = \$2,500 total

Tuition is subject to sales tax

Application Fee Billing Information:

Full Name: _____

Street: _____

City, State, ZIP: _____

Phone: _____

Credit Card #: _____ Expires: _____ CCV: _____

Credit Card Type: American Express Visa MasterCard Discover

You may mail checks to: Metro Power Yoga, 935 South Kirkwood Rd. St. Louis MO 63122

By signing, I acknowledge and agree to the payment schedule above. I understand that tuition is subject to sales tax. I understand that, once accepted into the program, payment is non-refundable. I further understand that if payment is not received by the stated deadline, my space in the program and deposit will be forfeited and I waive any and all rights to a refund. I authorize Metro Power Yoga to initiate credit card payment for tuition payments according to the schedule above.



Agreement to the Terms of the Metro Power Yoga 200-Hour Teacher Training

I understand that, upon fulfilling all requirements of the Metro Power Yoga Teacher Training, I will be eligible to receive my 200-Hour Teacher Certification through Metro Power Yoga and Yoga Alliance. I understand that, upon acceptance into the Metro Power Yoga Teacher Training, my deposit and possibly part of my tuition paid are non-refundable should I, at any time, chose to not continue or complete the program.

If unusual circumstances prevent me from completing my training or satisfying my requirements, I may be permitted to complete or “retake” missed parts of the program during make-up sessions. Requests for make-up sessions must be made in writing, and approved by the lead instructor. I understand that two or more missed sessions may result in my not graduating from the training.

I understand that Metro Power Yoga Teacher Training will not release my certificate until all requirements are completed, and that completing the Yoga Alliance certification requirements does not guarantee graduation of the Metro Power Yoga Teacher Training program. I understand that Metro Power Yoga reserves the right to ask me to leave the program at any point if my behavior is destructive, inappropriate, unethical or violates the Yoga Alliance ethical guidelines. In these circumstances, I understand that all tuition paid will not be refunded. I understand that all Metro Power Yoga Teacher Training materials, written or electronic, created by Metro Power Yoga and provided to me during the course of this program are not to be copied, reproduced, or distributed, in whole or in part, or by any means without express written consent of Metro Power Yoga. I understand and agree to the above.

Print Name

Signature

Date