



YTT200 APPLICATION FROM

Date _____

Name _____

Date of Birth _____ Age _____ Gender _____

Address _____

Tel # (Home) _____

Tel # (Cell) _____

E-mail _____

Current Occupation _____

Why do you want to take this yoga teacher training, and what do you hope to gain?

How long have you practiced yoga? _____

Do you practice in classes, personal practice, or both _____

Are you currently teaching yoga? _____

If yes, how many classes per week & duration?

- Since when? _____

- Where? _____

- What tradition/style? _____

Do you practice meditation? _____

If yes, since when & duration? _____

Please list other trainings/retreats you've taken:

How did you find out about H-OM Yoga/Wellness Center teacher-training program?

Are you under medical treatment or supervision? _____

If yes please specify: _____

Pregnant? _____ **If yes, How many months at start of program:** _____

Have you had a serious illness or major surgery within the last 5 years

(i.e., cancer, heart problems, etc.): _____

Nature & extent of limitations: _____

Prescription medications and/or natural remedies (include what condition it's for):

Please add any additional information that may be of importance.

In case of emergency, please contact:

Name:_____ **Tel. #** _____ **Relationship**_____

I hereby declare that the above information is true to the best of my knowledge. I understand that misrepresentation of this information is unethical and constitutes grounds for revocation of certification.

Participant's Name (please print) _____

Signature _____ **Date** _____



PAYMENT CHOICE

***Include your deposit & post dated Cheque(s), or Send E-TRANSFER with application.**

Each ONLINE INTENSIVE program is limited to 8 participants.

Applicants will be accepted on a first come first served basis.

200 Hour YTT Tuition Plans Fees * *INCLUDE* * Tax

____ *EARLY BIRD* Registration Discount: \$2800.00

Deposit with registration - \$600.00

Balance by > **January 1st** - \$2200.00

____ Regular Registration: \$2900.00

Deposit with registration - \$600.00

Balance by > **February 1st** - \$2300.00

____ Instalment Plan A: \$3000.00

Deposit with registration - \$600.00

Balance payable;

4 cheques of \$600.00 each

Post-dated; March 1st, April 1st, May 1st, June 1st,

Method of Payment

Cheque(s) or E-Transfer in Canadian funds, payable to **H-OM Inc.**

Mailing Address:

H-OM Inc., 301 Main Road, Hudson, QC, J0P 1H0

E-Transfer to ; h-om@sympatico.ca

Cancellation/Refund Policy:

In the event that you must cancel your participation in the 200 Hour YTT program you are registered for and do so more than one (1) month (30 days) prior to first day of program you are registered for, 50% of \$500.00 deposit is refundable (\$250.00). If you cancel less than one (1) month prior to first day of program you registered for the sum total of deposit (\$500.00) is NON Refundable.

*In the event that you miss a portion of the group training, if necessary to make up part/whole hours missed, the a fee of \$15/hr will apply. (to be determined by program director)

I have read, understand and agree to the Terms and Conditions explained in the H-OM Yoga School Yoga Teacher Training Application/Registration Form, Payment Form, Curriculum (may be subject to change), required Books & Materials, Homework Assignments, & Attendance/Certification policies.

Participant's Name (please print) _____

Signature _____ Date _____