

INTERDISCIPLINARY YOGA TEACHER TRAINING - 2010/2011

Name: _____

Mailing Address: _____

Telephone: Home: _____ Cell: _____

E-Mail Address: _____

Emergency Contact: _____

Date of Birth: _____

Describe your Yoga Experience: _____

What are your intentions for participating in this training program? _____

To complete your registration mail this form along with \$800 deposit to:

Ann Hunt
45765 Red Oak Rd.
Lexington Park, MD 20653

*Training refund requests must be received no later than 2 weeks prior to the training start date and will be refunded, less a \$250 processing fee.

**Four additional payments of \$500 are due on Nov. 15, 2010, Feb. 15, 2011, May 15, 2011 and July 15, 2010. For financial aid questions please contact me.

Please feel free to include any additional information that would be helpful for me know on back of page. Namaste.