

7Centers Yoga Arts
Application
Yoga Therapy Teacher Training
November 5-December 16, 2011



Please print or email this form and forward it along with your payment to:
7 Centers Yoga Arts, 2115 Mountain Road, Sedona AZ 86336
Email: yoga@7centers.com Phone: **877-603-4400**

Name: _____

Address: _____

Telephone: _____ Email: _____

Date of Birth: _____ Age: _____ Sex: _____

Place of Birth: _____

Time of Birth: _____ AM PM

Marital Status: _____ Height _____ Weight _____

PAYMENT DETAILS

_____ I am enclosing a deposit of \$1000 to reserve my space. (Balance due September 5, 2011).

_____ I am enclosing payment in full of \$4,995.00. Make check payable to Mystis, Inc.

_____ Please charge my credit card below for the above amount:

Credit Card #: _____

_____ Visa _____ MasterCard _____ AmEx _____ Discover

Exp Date _____ Signature code on the back of your card _____

Signature: _____

Note: A deposit of \$1000 reserves your place. You may pay by cash, check or by credit card. Once you are accepted for the course, the deposit becomes non-

refundable. The full fee is due 30 days before the start of the course and once the course starts, there is no refund. In case of an emergency, you may apply the fee to another course within one year of refund. The fee is not transferrable to another person. The course has a limited number of participants, so please reserve early.

I have read, understand & fully accept the tuition refund policy
(please sign)_____

Will you need housing arrangements? Yes___ No___

Will you need transportation? Yes___ No___

What is your primary reason for doing this teacher training? Do you intend to teach, work with individuals in a therapeutic context and/or do you want to deepen your personal practice? What do you hope to gain from this training?

PRESENT OCCUPATION

YOGA EXPERIENCE

Where & when did you receive your 200 hour Certification?

Was the teacher training Yoga Alliance registered? ___Yes ___ No

Have you studied Yoga Therapy before? ___ Yes ___ No

What is your experience and who are/were your teachers?

Do you have a background in massage or any other healing arts profession? If so, please list.

Who can we call in case of an emergency: _____

Telephone: _____

How did you hear about us?

Mail to: Mystis/7 Centers Yoga Arts 2115 Mountain Road Sedona, AZ 86336