



200 Hr. TEACHER TRAINING APPLICATION
****YOGA with ANGEL****

Name _____ Date _____

Address _____

Phone _____ Email _____

What is your desire to take this Yoga Teacher Training?

How long have you had a personal Yoga practice?

By signing this application you agree that the above information is correct. Once application has been processed you will be sent or given your acceptance letter along with your required reading list and an additional list of questions to get to know you better from the Director of the program. Please note that the deposit is non-refundable. Please fill out your desired form of payment below, and note the first date of payment for all those choosing the payment plan option.

Signature _____ Date _____

Tuition Payment Options-

Deposit: \$300 (due with application)

Program Tuition: \$2,500 + \$300 Deposit = \$2,800.00

Please circle method you wish to use to pay for the program:

Pay in full

Or

Payment Plan: Choose which plan works for you: Credit card or PayPal

6 months- \$442 (includes a 6% monthly processing fee)

10 months- \$265 (includes a 6% monthly processing fee)

****First payment is due on _____ and will be processed the first of every month until paid in full. If using a credit card to make monthly payments please make sure the Director is given the credit card information prior to the first payment.***