



Be sure to complete the following:

1. Primary application
2. Program Participation Agreement
3. Payment Sign-up Form
4. **Short essay describing why you want to take this training.**

You may submit this form or send an email with the subject line "Application for Teacher Training" to [Kat@rinayoga.com](mailto:Kat@rinayoga.com)

## PARTICIPANT AGREEMENT

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Upon confirmation of their enrollment, participants will submit their reservation deposit and make payment as noted. There is a \$100 cancellation fee up to 15 days prior to the start of the program. The balance minus the deposit will be refunded or the remaining amount applied to future events & workshops.

By signing and dating the enrollment form and participant agreement, each applicant is responsible for making sure they are in good health and have consulted with a physician prior to starting the program. In addition, each participant takes full responsibility for his or her health, and any pain or injuries arising from participation in classes, physical exercises and postures, or from being on the premises and from use of any of the facilities in private or public areas in which training occurs. He or she holds neither Rina Yoga nor Rina Jakubowicz or any of the instructors responsible for any injury or disturbances that they may incur.

Any payments that are not received by the date indicated below will be subject to an increase of \$15 for every three days that the payment is not made.

Participants will be notified about books, supplies, and schedules when they become available.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



## Teacher Training Registration Form

*Enrollment is limited to 30 participants. It is recommended that you submit your application as early as possible, but no later than December 20, 2016. Last minute applications may be accepted if space is available.*

*Please return completed form to [Kat@RinaYoga.com](mailto:Kat@RinaYoga.com)*

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Last Name

First Name

MI

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Street Address

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City

State

Zip Code

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Home Phone Number

Cell Phone

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Date of Birth

Email Address

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Emergency Contact

Contact Phone Number

Do you have any known food allergies?  No  Yes: \_\_\_\_\_

Do you have any Medical Conditions?  No  Yes: \_\_\_\_\_



## Payment Sign-Up Form

Full Name (as it appears on your credit card)

Street Address (as it appears on your credit card billing)

City

State

Zip

### PAYMENT PLAN SELECTION

Early Bird: \$2600

*[Valid through November 20, 2016; cannot be combined with any other offers; must be paid in full]*

Tuition: \$3200

*[\$1000 non-refundable deposit due immediately; \$2200 balance due by December 20]\**

Payment Plan 1: \$3550

*[\$1000 non-refundable deposit due immediately plus 3 installments of \$850] \**

Payment Plan 2: \$3700

*[\$1000 non-refundable deposit due immediately plus 6 installments of \$450]\**

Tuition includes training & training manual. \*Late fees apply.

### PAYMENT METHOD

Cash

Check (payable to Rina Yoga)

Master Card\*

Visa Card\*

*\*A 3% service fee applies to all credit card charges*

Full Name (as it appears on your credit card)

Credit Card Number

Expiration Date

Security Code

Amount to be charged

Signature

Date