



Be sure to complete the following:

1. Primary application
2. Program Participation Agreement
3. Payment Sign-up Form
4. **Respond to these questions on a separate page:**
 - I. Do you have kids? How many and what ages?
 - II. If no, do you want kids? Why or why not?
 - III. Do you like being around kids? Why or why not?
 - IV. If not, do you hope this course will help you connect better with them?
 - V. When you were a little child, what did you want to be when you "grew up?"
 - VI. Why do you want to do this training?

PARTICIPANT AGREEMENT

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.

Certification requirements must be fulfilled during the training. We will notify you of special assignments and advise you toward completing requirements. Credit completion is mandatory for graduation. To be sure all requirements are met, make-up hours will be offered through pre-approval. The certifications presented by Rina Jakubowicz are after completion of all evaluations and payments of any fees due.

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

This program requires a minimum of 6 participants.

It is recommended that you submit your application as early as possible. Last minute applications may be accepted if space is available.

Please return completed application to info@rinayoga.com

Last Name

First Name

M.I.

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone

___/___/___
Date of Birth

Email Address

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 Code

PAYMENT PLAN SELECTION

Early Sign-up Special: \$750

Investment: \$950

Payment Plan 1:

[Illegible text]

Payment Plan 2:

[Illegible text]

Tuition includes training and training manual. Lodging and meals excluded.

*Late fees apply

PAYMENT METHOD

Cash

Check (payable to Rina Yoga)

Master Card*

Visa Card*

Full Name (as it appears on your credit card)

Credit Card Number

Expiration Date

Security Code

Amount to be charged

Signature

Date