HOME Yoga's 200-Hour Teacher Training Application

Personal Information:			
Name:			
Address:			
City:	State:	Zip:	
Cell Phone:			
Email:			
Emergency Contact Info			
Name:			
Home Phone:			
Cell Phone:			
Email:			
About Your Practice:			
Are you currently practicing yoga regu	larly? If yes, where?		
What class level and style? Who are y	our primary teachers?		
Why do you want to take this training? hoping to teach in the future or are you			

Do you have any pre-existing injuries or conditions that a yoga teacher should know about?		
Payment Information		
A \$500 non-refundable deposit is due with your application. Full payment is due no later than the first weekend of training, unless you have opted to do a payment plan. You may make your deposit via HOME's website or by sending a check to the studio at 28 Chestnut Street, Andover MA 01810		
Program Participation Agreement		
understand that if I fulfill all the requirements of the HOME Yoga 200-Hour Teacher Training, I will receive a letter of completion, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I completed the 200-hour program.		
derstand that HOME Yoga reserves the right to ask me to leave the program if my behavior appropriate, unethical or in violation of the Yoga Alliance ethical guidelines. Under such umstances I understand I will not be refunded my tuition.		
I understand that if I cancel 14 days prior to the start of the training, my deposited may be transferred toward other purchases at HOME Yogaand I will be refunded the rest of my tuition. If I cancel within 14 days of the start of the training, I will forfeit my \$500 deposit but my remaining balance will be refunded. Once the program begins, tuition is non refundable and non-transferrable.		
I certify that I have read and accept the above terms and requirements.		
Name:		
Signature: Date:		