



## YTT200 APPLICATION FROM

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel # (Home) \_\_\_\_\_

Tel # (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Current Occupation \_\_\_\_\_

**Why do you want to take this yoga teacher training, and what do you hope to gain?**

\_\_\_\_\_

\_\_\_\_\_

How long have you practiced yoga? \_\_\_\_\_

Do you practice in classes, personal practice, or both \_\_\_\_\_

Are you currently teaching yoga? \_\_\_\_\_

If yes, how many classes per week & duration?

\_\_\_\_\_

- Since when? \_\_\_\_\_

- Where? \_\_\_\_\_

- What tradition/style? \_\_\_\_\_

Do you practice meditation? \_\_\_\_\_

If yes, since when & duration? \_\_\_\_\_

**Please list other trainings/retreats you've taken:**

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**How did you find out about H-OM Yoga/Wellness Center teacher-training program?**

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**Are you under medical treatment or supervision?** \_\_\_\_\_

**If yes please specify:** \_\_\_\_\_

**Pregnant?** \_\_\_\_\_ **If yes, How many months at start of program:** \_\_\_\_\_

**Have you had a serious illness or major surgery within the last 5 years**

(i.e., cancer, heart problems, etc.): \_\_\_\_\_

**Nature & extent of limitations:** \_\_\_\_\_

**Prescription medications and/or natural remedies (include what condition it's for):**

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**Please add any additional information that may be of importance.**

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**In case of emergency, please contact:**

**Name:** \_\_\_\_\_ **Tel. #** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**I hereby declare that the above information is true to the best of my knowledge. I understand that misrepresentation of this information is unethical and constitutes grounds for revocation of certification.**

**Participant's Name (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## PAYMENT CHOICE

**\*Include your deposit & post dated Cheque(s), or Send E-TRANSFER with application.  
H~OM ONLINE INTENSIVE program is limited to 8 participants.  
Applicants will be accepted on a first come first served basis.**

### 200 Hour YTT Tuition Plans Fees \* **INCLUDE** \* Tax

\_\_\_\_ **EARLY BIRD Registration Discount: \$2800.00**

**Deposit** with registration - \$600.00  
Balance by > **Jan 1<sup>st</sup>** - \$2200.00

\_\_\_\_ **Regular Registration: \$2900.00**

**Deposit** with registration - \$600.00  
Balance by > **Jan 15<sup>th</sup>** - \$2300.00

\_\_\_\_ **Instalment Plan A: \$3000.00**

**Deposit** with registration - \$600.00  
Balance payable;  
**4 cheques of \$600.00** each  
**Post-dated;** Feb 1<sup>st</sup>, Mar 1<sup>st</sup>, Apr 1<sup>st</sup>, May 1<sup>st</sup>

### Method of Payment

Cheque(s) or E-Transfer in Canadian funds, payable to **H-OM Inc.**

### Mailing Address:

**H~OM Inc., 301 Main Road, Hudson, QC, J0P 1H0**  
**E-Transfer to ; h-om@sympatico.ca**

### Cancellation/Refund Policy:

In the event that you must cancel your participation in the 200 Hour YTT program you are registered for and do so more than one (1) month (30 days) prior to first day of program you are registered for, 50% of \$500.00 deposit is refundable (\$250.00). If you cancel less than one (1) month prior to first day of program you registered for the sum total of deposit (\$500.00) is NON Refundable.

\*In the event that you miss a portion of the group training, if necessary to make up part/whole hours missed, the a fee of \$15/hr will apply. (to be determined by program director)

**I have read, understand and agree to the Terms and Conditions explained in the H-OM Yoga School Yoga Teacher Training Application/Registration Form, Payment Form, Curriculum (may be subject to change), required Books & Materials, Homework Assignments, & Attendance/Certification policies.**

**Participant's Name (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_