



**YOGA
SANTA FE**

**Kundalini Yoga Teacher Training
& Advanced Study Program 2011
Registration Form**

Full Legal Name:

Full Address:

Phone: _____

Email: _____

Birth date: _____

Years practicing Yoga: _____

**Years practicing
Kundalini Yoga:** _____

Payment Options(select one)

PAY IN FULL

___ Pay in Full by 9/9/11- \$2,795

___ Pay In Full by 9/23/11- \$2,995

Refund/Withdrawal Policy

Before 9/23: All monies refunded
minus \$250.

until 10/21: All monies refunded
minus \$1500.

Until 11/18: All monies refunded
minus \$2000.

After 11/18/2011: No refunds.

_____ *By initialing here I affirm that I
have read, understood and agree to
the refund/cancellation policy for the
Paid in Full option for this course.*

PAYMENT PLAN

• Payment Plan

\$1000 by 9/23/2011

4 Auto-deducted Payments of \$549

First Monday of October, November,
December and January

Credit Card Information

*(must be included here to select
payment plan)*

Card number:

Name on Card:

Expiration: _____

Security Code: _____

Refund/Withdrawl Policy

Payment Plan (\$3,195)

Before 9/23: All monies refunded
minus \$250.

Until 10/21: All monies refunded
minus \$1500.

After 10/21/2011: No refunds

_____ *By initialing here I affirm that I
have read, understood and agree to the
refund/cancellation policy for the
Payment Plan option for this course.*

Signature and Agreement

My signature below affirms that I have read, understood, and agree to the terms and conditions of this contract. I agree to hold harmless and make no claims against Yoga Santa Fe, its teachers, agents, or affiliated entities.

X _____ **Date** _____