

Yoga teacher training course

Name: _____

Address: _____

Phone: h _____ w _____ m _____

Email: _____ Date of birth: _____

course selection

Select the course you intend to study Diploma of Yoga Teaching Training
 Weekends Fridays Intensive

Do you intend to complete the KHYF Advanced Diploma Course? YES / NO _____

Do you intend to complete the requirements for teacher training? YES / NO _____

If yes, please describe why you would like to be a Yoga Teacher: _____

payment

COURSE REGISTRATION DEPOSIT: \$450.00 (Please note refund policy)

- Cash
- Cheque / Money order – payable to Yoga Institute P/L
- EFTDirect Deposit – Account name: Yoga Institute P/L BSB: 032 196 Account number: 289921
 Subject description: your full name

- EFTPOS – Payable in person at the Yoga Institute
- Credit card (2% surcharge applies to all payments by credit card = \$459.00)

MASTERCARD VISA

Card number:

Expiry Date: ____ / ____ Signature: _____

For payment of Early Bird course fees, please contact the Yoga Institute to make payment arrangements before Monday 1st December, 2009.

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Brief description of your background and experience in Yoga: _____

Brief outline of why you would like to undertake Yoga Teacher Training with the Yoga Institute: _____

Other comments: _____

