

Anusara® Yoga Teachers Gathering 2012

APPLICATION FORM

PLEASE PRINT CLEARLY OR TYPE.

1. CONTACT INFORMATION: Today's date _____

Name _____ Preferred name _____

Address (city, state, zip) _____

Phone (Home) _____ Phone (Business) _____

Fax _____ E-mail _____ Age _____

Web Site _____ Current Occupation _____

2. Why do you want to take this training, and what do you hope to gain?

3. Are you currently teaching yoga? _____ What tradition/style? _____

How long have you been teaching? _____

4. YOGA EXPERIENCE: How long have you practiced yoga? _____

What style(s) of yoga have you practiced? _____

5. PREQUISITES: 100 hours of Anusara Yoga Immersion Part 1, 2, and 3 plus 100 hours of Anusara Teacher Training with a certified teacher, or by teacher's permission.

___ I am a graduate of Todd and Ann's 100 hour YTT

date of graduation (month/year)

OR

___ I completed the 100 hr Immersion with: _____

name of teacher and date

___ I completed a 100 hr Anusara YTT with: _____

name of teacher and date

OR Please list your **Anusara hours** in the following space. If needed, attach another sheet.

1 classroom hour = 1 credit hour

Anusara Teacher	City of Workshop	Short Description (Ex: teacher training, workshop, public class, etc.)	Date	Anusara Classroom Hours
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(continued on separate sheet as needed)

Total Credit Hours _____

6. How did you find out about this training program? _____

7. HEALTH INFORMATION: Please let us know about any injuries, physical conditions, or psychological issues that you feel might get in the way of your full participation. This information is confidential and will help us serve you better: _____

8. EMERGENCY CONTACTS: In case of emergency, please contact:

Name: _____ Phone: _____

Please register me for the following Training in Western Mass:

____ July 29-August 3, 2012, Anusara Yoga Teachers Gathering: Refining the Art of Teaching

Choose payment amount:

____ \$595 if paid in full by June 28th

____ \$695 if paid after June 28th

Choose method of payment:

____ I will send check/money order (US \$) **payable to Todd Norian** by the due date listed above.

____ You may **automatically charge** my Visa/MasterCard/Amex on the due date listed above.

Visa/MC/Amex Number: _____ Exp: _____

Signature _____

Name On card: _____

Billing Address (if different from above): _____

Refund Policy: Refunds to persons accepted into the program are as follows:

- If you cancel more than seven days before the course begins, you will be refunded the amount you paid minus a non-refundable \$40 processing fee.
- If you cancel less than 7 days before the program begins, refunds (minus a non-refundable \$40 processing fee) are only issued if your space can be filled from a waiting list.
- No refunds once the course begins.

I have read, understand, and agree to the above terms and policies.

SIGNATURE_____

Send Application & Registration form to:

Todd Norian
Advanced Anusara Yoga Teacher Training
PO Box 279
West Stockbridge, MA 01266

or to fax please call before sending so we can be sure the machine is on (413) 232-7839

For information about accommodations and meal plan, please visit
http://www.deeppeaceyoga.com/adv_anusara/index.htm