



ALIGN WITH YOUR INNER LIGHT

THE 200HR VINYASA TEACHER TRAINING Rolf Gates Affiliate Training
with Melody Roberts

Sacred Path Yoga, Shorewood, IL

April – December 2016

APPLICATION

CONTACT INFORMATION

Name: _____

Address: _____

City/State/Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Company: _____ Marital Status: _____

Occupation: _____ Gender: _____

Birthday: _____

PHYSICAL HEALTH

Are you under a physician's care: _____

If yes, for what reason: _____

Epilepsy? _____ Yes _____ No

Diabetes? _____ Yes _____ No

PHYSICAL HEALTH CONTINUED:

Are you currently seeking mental health care? _____ Yes _____ No

If yes, for what reasons: _____

Please list any current medications: _____

Have you ever been hospitalized? _____ Yes _____ No

If yes, for what reason: _____

Are there any dietary restrictions you would like us to be aware of? _____

What is your past history with yoga practice? Please list any past workshops or intensives with Melody Roberts or Rolf Gates:

INTENTION SETTING: YOGA SCHOLAR APPLICATION

Please take a moment to write down what you want out of this Teacher Training. There is a power in writing down goals, sharing them and then referring to them often. What is your intention for taking this program? Please take additional time here to write about how you plan to use this training course personally and/or professionally:

What are your biggest challenges in life?

Describe your perfect life:

Is there anything else you would like us to know?

Payment Options: \$3200 Tuition Investment

\$500 Deposit for all payment plans due March 31st, 2016.

Deposit required to hold your spot in the training.

Note: First three applications submitted with full deposit will receive \$200 off tuition. First come, first served.

_____ Option 1: I wish to pay the entire \$3200 tuition by March 31, 2016.

_____ Option 2: Extended payment plan for \$2700 (\$3200 less \$500 deposit) = \$300 per month automatically paid by credit card from April through December 2016 on the 1st of each month.

_____ Option 3: Personal payment schedule. Please outline what would work for you:

_____ By checking this box and submitting this application, I agree to pay the amount designated or the payment option selected above. I agree that if my application is accepted, that:

- If I have selected the full payment option (Option 1), I will be charged \$3200 on, or no later than, March 31, 2016.
- If I have selected the payment plan (Option 2), I will be charged \$500 on, or no later than, March 31, 2016 and I agree that nine consecutive monthly payments of \$300 will be charged to my credit card on file on the 1st of each month, beginning on April 1st and ending December 1, 2016.
- If I have selected the personal payment schedule (Option 3) and it has been approved, then I agree to those terms.

Please contact Melody Roberts with any payment inquiries at info@sacredpathyoga.com or 815-744-3390.

PAYMENTS/REFUNDS TERMS AND CONDITIONS:

I understand and agree that if I cancel my enrollment at least 45 days before the beginning of my program, I will be entitled to a refund of amounts paid, less \$500. I understand and agree that if I cancel my enrollment less than 45 days before the beginning of my program, or if I do not complete the program for any reason other than cancellation of the program by Sacred Path Yoga Incorporated, I will not be entitled to any refund, and will be obligated to pay any remainder of the enrollment fee designated above. If I cancel my enrollment or fail to complete the program, I may request credit toward another program, which may be granted by Sacred Path Yoga Incorporated in its sole discretion.

____ I have read and agree to the Payments/Refunds Terms and Conditions (required).

Signature: _____

Date: _____

Thank you! We are excited to embark on this journey with you! Please let us know if there is anything that we can help you with!

Namaste!