

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work/Cell _____

Email _____

Emergency Contact:

Name Phone Relationship

Physician in case of emergency:

Name Phone

Program

- 500-Hour Yoga Teacher Training Program
- 800-Hour Advanced Yoga Therapy Training Program

At this time we do not routinely accept transfer credit. Exceptions may be made on an individual basis and cannot exceed 24 hours.

We'd like to get to know you a little better; please tell us a little about yourself

1. At what school did you complete your 200-hour yoga teacher training?

2. How regularly do you practice yoga and/or meditation?

3. Do you have a home practice? _____

4. Approximately how long have you been practicing yoga?

5. Do you currently teach yoga?

No

Yes (If yes, how long have you been teaching, and where do you currently teach?)

6. Is this your first yoga therapy training?

Yes

No (If no, please list previous trainings, and when completed)

Medical Information

Please describe any medical condition you may have or any medications you are currently taking. Please note, this will NOT exclude you from the program, this information is used strictly in case of an emergency should it arise.

What is your intention for this program?

How do you see this training integrating into your work and/or your home life?

What is your experience with yoga or other healing modalities?

What are your expectations of this program, and what do you hope to achieve?

Payment Method

- I am paying by check (payable to ShivaShakti Synthesis, LLC)
- I am paying online by credit card

Payment Plan Agreement

A deposit of \$500.00 is due along with the application, unless paying in full.

- 500 Hour Training Paid in Full (includes deposit) \$4900.00
- 500 Hour Training (paid in 24 installments) \$5050.00

Payment Options

- Balance paid in full at discounted rate
- Monthly

*If interested in scholarship or work study options, please contact Program Director, Janice George.

Non-discrimination Policy

Our commitment is to empowerment. Applicants for admission and financial aid are considered on the basis of individual merit. No person is excluded from participation in, denied the benefits of, or subject to discrimination in any program or activity of Samyoga Institute on the basis of race, color, national or ethnic origin, gender, gender identity, sexual orientation, marital status, pregnancy, age, religion, disability, or any other characteristic protected by law.

Refund Policy

ShivaShakti Synthesis, LLC. requires the applicant to send written notice of cancellation 30 days prior to the start of training to receive a full refund less \$50.00. Should notice be received within 30 days of the start of training, the applicant will receive a full refund less \$500.00. Once training begins, there are no refunds, and the entire amount is the responsibility of the participant. If a student must withdraw due to unforeseen circumstances, arrangements may be made to complete the training the following year; however, the student will incur any additional cost increases at the time the course is taken.