



7Centers Yoga Arts Application Kundalini Yoga Teacher Training April 3 - May 3, 2010

Please print or email this form and forward it along with your payment to:
7 Centers Yoga Arts, 2115 Mountain Road, Sedona AZ 86336
 Email: voga@7centers.com

Name: _____

Address: _____

Telephone: _____ Email: _____

Date of Birth: _____ Age: _____ Sex: _____

Place of Birth: _____

Time of Birth: _____ AM PM

Marital Status: _____ Height _____ Weight _____

PAYMENT DETAILS

_____ I am enclosing a deposit of \$500 to reserve my space. (Balance due March 3, 2010).

_____ I am enclosing payment in full of \$3,000.00. Make check payable to Mystis, Inc.

_____ Please charge my credit card below for the above amount:

Credit Card #: _____

_____ Visa _____ MasterCard _____ AmEx _____ Discover

Exp Date _____ Signature code on the back of your card _____

Signature: _____

Note: A deposit of \$500 reserves your place. You may pay by cash, check or by credit card. Once you are accepted for the course, the deposit becomes non-refundable. The full fee is due 30 days before the start of the course and once the course starts, there is no refund. In case of an emergency, you may apply the fee to another course within one year of refund. The fee is not transferrable to another person. The course has a limited number of participants, so please reserve early.

I have read, understand & fully accept the tuition refund policy
 (please sign) _____

Will you need housing arrangements? Yes__ No__
Will you have a car during the month? Yes__ No__

What is your primary reason for doing this teacher training? Do you intend to teach and/or do you want to deepen your personal practice? What do you hope to gain from this training?

PRESENT OCCUPATION

YOGA EXPERIENCE

Where & when did you receive your 200 hour Certification?

Was the teacher training Yoga Alliance registered? ____Yes ____ No

Have you studied Kundalini Yoga before? ___ Yes ___ No

What is your experience and who are/were your teachers?

It is required that you be drug free, both prescription and recreational, caffeine free, nicotine free and alcohol free at least 2 months before the training. Can you attest that you qualify or will qualify by the start date of the training?

Has any event (s) occurred in your life in the last 2 years that you would regard as stressful, challenging or even traumatic?

Who can we call in case of an emergency: _____

Telephone: _____

How did you hear about us? _____

**Mail to: Mystic/7 Centers Yoga Arts
2115 Mountain Road
Sedona, AZ 86336**