



50 & 100-hr Yoga Teacher Training Module Registration and Agreement Form

Program Name: _____ Program Location: _____

50-HR 100-HR Program Start Date: _____

REGISTRATION

First Name: _____ Last Name: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Work Phone: _____

Street Address: _____ City: _____ Province: _____

Postal Code: _____ How did you hear about us? _____

Emergency Contact Name and Phone: _____

(You can add additional pages if you need more space)

1. Are you intending to use this training towards your 500-hr Certification? Yes No Not Sure
2. Are you certified as a 200-hr Yoga Teacher? (certification is not required to take this course) Yes No
3. If you are not a graduate of DevaTree School of Yoga 200-hr YTT, do you have a 200-hr Certification from another school? Yes No

If yes, please provide the name and address of where you received your yoga certification:

4. What are your personal hopes, goals or wishes for attending this training?
5. Describe your yoga experience and list any past and current body/mind practices you engage in (ie. Yoga, Dance, Martial Arts, Meditation, etc).
6. Please list any physical or medical conditions (past or present) that you feel we should know about, as well as any medications you are taking at this time.

AGREEMENT

I certify that the above information is true and complete, to the best of my knowledge. I fully understand that I am solely responsible for my health, safety and well-being while participating in all program activities. I agree that I will inform my instructors of any activity which I cannot perform safely, and that I will not perform any activity which I feel is likely to cause me to injure myself. I understand that there are risks associated with any physical exercise. I agree to hold DevaTree Inc., the training facility, and all instructors and assistants associated with this training harmless from any and all responsibility for any injury or loss that may arise during any training activity. I acknowledge that I have read the 'Frequently Asked Questions' document.

Signature: _____ Date: _____

Email completed form to: registration@devatree.com or fax to 226-213-4141



DevaTree Inc. Registration Payment Details

A non-refundable deposit is required to process your registration. The balance of your tuition is due four weeks prior to the start of the program. We also offer a payment plan for those who register a minimum of 30 days prior to the start date of the program. Once your payment form has been processed, you will receive an email detailing the payment dates and confirming the amounts. If you register with less than 30 days of the start date of the program, you will be required to pay the full amount of tuition upon registration.

Student's Name: _____

Registering for multiple courses today? No Yes, please apply my discount *Submit both registration forms together

Payment Options: I will be paying in full I will be paying through the payment plan

Cheque – Please Mail To:

DevaTree Inc.
P.O. Box 52007, R.P.O. Commissioners Rd. E.
London, ON N6C 0A1

Email Money Transfer:

Email: registration@devatree.com
Password: [yogayoga](#)

Credit Card:

Visa MasterCard Card Number: _____ Expiry: ___ / ___ CVV: _____

Name Exactly as it Appears on Card: _____

Billing Address: Same as registration Different Address: _____

Course Length	Non-Refundable Deposit	Total Tuition (Pay in Full)	Payment Plan (Includes \$30/pymt processing fee)	Total Tuition (Payment Plan)
50-HR	\$339	\$1,124.35	2 equal payments of \$422.68	\$1,184.36
50-HR Intensive	\$339	\$1,124.35	Payment plan unavailable if less than 30 days to course start	\$1,184.36
100-HR	\$481	\$2,096.15	3 equal payments of \$568.39	\$2,186.17
200-HR	\$565	\$3,616.00	6 equal payments of \$538.50	\$3,796.00

*I acknowledge the deposit will be charged to my credit card immediately or I will send an EMT/Cheque for the deposit amount. I acknowledge that I am not considered registered until my deposit has been received. The balance of my tuition will be charged to my card as per my payment option. I will receive an email detailing these dates/amounts.

*Training Cancellation Policy – In the event of a cancellation, the balance of the training cost is refundable, less the non-refundable deposit, if cancellation occurs 15 days or more prior to the start date of the program. All refunds will be subject to a 10% administration fee. For cancellations made 15 days or less prior to the start date of the training, all tuition paid is non-refundable. If cancellation is due to urgent medical or compassionate circumstances (defined as death of immediate family member, natural disaster or life threatening illness), consideration for a transferable credit will be given. Students who wish to transfer their deposit to a different program must submit their request to transfer 15 or more days before the start of the program. A 10% administration fee applies; transferring registration to a different program is permitted only once.

*I acknowledge I have read and understand the notices regarding the deposit, registration and cancellation policies.

Signature of Student: _____ Signature of Card Holder: _____

Date: _____ (if different from student)

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