



KCFITNESSLINK

Balance Yoga Teacher Training and Certification Application

(PLEASE PRINT CLEARLY)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Other/mobile phone: _____

E-mail: _____ Fax: _____

Emergency contact person:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Other/mobile phone: _____

Address: _____

City/State/Zip: _____

How long have you practiced Hatha yoga?

How often do you practice Hatha yoga per week?

Describe your experience with styles of Hatha or other types of yoga.

How did you learn about our program?

Are you currently a health and or fitness professional? If not, describe your current occupation.

Do you have teaching experience in yoga, meditation or group fitness?

Have you participated in any other yoga teacher training programs?

Please list your expectations and main things you would like to achieve from the teacher training.

Do you have any injuries, medical conditions or other health related concerns that we should know about as it relates to the yoga training program and your time away from home?

What is the purpose for taking the training (e.g. expand personal practice, to teach, continuing education, etc)

During my stay I would like to:

Stay in a cabin

Tent

Stay in a hotel in the city

I am interested in other training programs from KCFITNESSLINK. Check all that apply.

- Personal Training Certification
- Advanced Personal Training Certification
- Mat Pilates Certification
- Advanced Yoga Teacher Training (500 hour program)
- Yoga Therapy Training (1000 hour program)
- Yoga Practitioner Program (2000 hour program)
- Group Fitness Instructor Certification
- Thai Yoga Massage

- Home study Balance Yoga Certification Program
- Other Home Study Programs from KCFITNESSLINK

Teacher Reservation Policies

Residential Course: The full Balance Yoga Certification is \$3500. A \$500, non-refundable deposit is required to secure your space in the program. If you cannot attend for some reason, your \$500 minus a \$200 processing fee can be credited toward future training programs with KCFITNESSLINK. The processing fee covers application administration and space reservations at the retreat center. Please make every attempt to attend the training once you register.

Register me for the: (Please check only one)

- August 2007 Training at Camp Gaea
- 200 Hour Distance Learning, \$1500
- 500 Hour Distance learning, \$3000
- 1000 Hour Therapist Program \$5000
- 2000 Hour Practitioner Program \$7500

Payment Options:

- Credit card (mail/fax)
- Personal Check (mail)
- Cashier Check (mail)
- Credit card (online at www.kcfitnesslink.com/yogaed.html)

Please mail check payments and application to:

KCFITNESSLINK
Attn: Balance Yoga Training
3734 Wyoming, 3S
Kansas City, Missouri 64111

Application can also be faxed to: 816.841.2945

- Residential programs:** I understand the \$500 deposit is not refundable and only transferable, minus the \$200 processing fee, to other KCFITNESSLINK programs or services.
- I authorize KCFITNESSLINK to charge my credit card for the amount listed above.

Signature: _____

Date: _____

Credit Card Payments (Please Print)

Full name as appears on card: _____

Billing address: _____

Billing City, State, Zip: _____

E-mail (please print) _____

Phone number: _____

Credit Card type:

- MasterCard
- Visa
- Discover
- American Express

Credit Card number: _____

Expiration date: _____

Card security verification number: _____

The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number.

Amount:

- Please charge my credit card for \$500, the deposit only
- Please charge my credit card for the full amount of my course above

The full amount is due by the first day of training. Any remaining balances must be paid in full to attend the training.

- I understand the \$500 deposit is not refundable and only transferable, minus the \$200 processing fee, to other KCFITNESSLINK programs or services.
- I authorize KCFITNESSLINK to charge my credit card for the amount listed above.

Signature: _____

Date: _____

Please fax or mail completed applications and payments to:

KCFITNESSLINK

Attn: Balance Yoga Training

3734 Wyoming, 3S

Kansas City, Missouri 64111

Application can also be faxed to: 816.841.2945