



NGY Teacher Training™
Registration Form

What are your intentions for sharing yoga with children? _____

Have you attended any classes, events or Teacher Trainings with NGY? Yes No

If yes, which one(s)? _____

Have you participated in any other kids yoga trainings? Yes No

If yes, where & when? _____

How did you hear about the NGY Teacher Training™? _____

Training Dates	Age Group ⁱⁱ check one	Registration Instructions
Dates: _____ Year: _____	<input type="checkbox"/> 2-7 yr. olds <input type="checkbox"/> 8-13 yr. olds	A completed registration form and a \$50 nonrefundable application fee are required to guarantee placement.
Note: Tuition is due 3-weeks prior to the start of the course.		
Payment Application Fee: \$ _____ Tuition: \$ _____ Tuition Due Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check (payable to Next Generation Yoga, LLC) <input type="checkbox"/> Credit Card (complete below) Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx Card #: _____ Expiration Date: _____ Security Code: _____ (3 digit number on back of card or 4 digit number on the front)		

Cancellation Policy: If a written request is received at least 2 weeks prior to the training, a refund will be issued less the application fee and a \$50 processing fee. Payments from cancellations may be applied to another teacher training within 6 months; a \$50 processing fee will be charged for any course changes. Cancellations within 2 weeks of the training are non-refundable.



Mail your registration:
Sweet Feet Yoga
1142 Emily Court
Iowa City, IA 52246
?s call 866-NGY-YOGA

NGY Teacher Training™ Registration Form

First Name: _____ Last Name: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax: _____

Email: _____ URL: _____

Date of Birth: _____ Age: _____ Sex: Female Male

Are you a:

Yoga Teacher

Yoga Alliance Registered? Yes No

School-based Educator

Parent, Caregiver, etc.

Therapist specify: _____

Doctor/Nurse

Other specify: _____

List any related professional or educational experiences: _____

Describe your personal yoga study & practice*: _____

Describe your current & past experience(s) with children? _____

What do you hope to learn from the NGY Teacher Training™? (We'll do our best to include your specific interests) _____

*Participants must have a minimum of one-year experience practicing yoga.