



Mail your registration

132 N El Camino Real, #114  
Encinitas, CA 92024

?’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:

- |  |  |
|--|--|
| <input type="checkbox"/> Yoga Teacher<br><i>Yoga Alliance Registered?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> School-based Educator           |
| <input type="checkbox"/> Parent, Caregiver, etc.   | <input type="checkbox"/> Therapist <i>specify:</i> _____ |
| <input type="checkbox"/> Doctor/Nurse  | <input type="checkbox"/> Other <i>specify:</i> _____     |

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.*



## 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 ✓ 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.
<b>Note: Tuition is due 3-weeks prior to the start of the course.</b>		
<b>Payment</b> 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 one year; a \$50 processing fee will be charged for any course changes. Cancellations within 2 weeks of the training are non-refundable.