

Total Harmony Yoga Studio & School

Teacher Training Registration Form

Name_____

Address_____

City, State & Zip_____

Phone_____

Email_____

Birthday (month/day/year)_____

Courses Enrolling In (Circle One Please)

200 HR RYT Group Teacher Training - \$2700.00

_____ Fall / Winter _____ Spring / Summer

300 HR - 500 RYT Private Teacher Training Course - \$3500.00

10 HR YACEP (Yoga Alliance Continuing Education) Mentorship Course - \$550.00

If tuition is not paid in full at time of enrollment, payment plans are available and can be extended out over 6 months of payments. If you are selecting to be placed on a payment plan the following deposits are required:

\$270.00 (non-refundable) for Group 200 RYT

\$350.00 (non-refundable) for Private 300/500 RYT

All fees must be paid in full prior to receiving your certificate of completion!

Please complete this registration form and attach a one-page introduction of yourself, including your yoga experience, who you have studied with and for how long, teaching

experience, any physical limitations, and what you hope to gain from your studies at Total Harmony Yoga.

I have read and agree to comply with the policies of Total Harmony Yoga, and I agree to pay the fees as indicated above. I understand the inherent risks of practicing yoga and waive any claim against the Total Harmony Yoga and its teachers, as well as for loss, expenses, liabilities, injuries, damages or legal fees incurred as a result of attendance at classes and trainings conducted by Total Harmony Yoga.

Signature: _____ Date: _____

Questions? Contact - (210) 748-8247

Mail or email this completed registration form, along with check or credit card payment to:

Total Harmony Yoga

555 W. Bitters Rd., Ste. 105

San Antonio, Texas 78216

totalharmonyyoga@gmail.com

Teacher Training Payment Form

Complete the following to process your deposit or your full tuition payment and/or for all future auto deduct payment plans, and submit it with completed registration form.

Amount Paying Today: _____

Check _____ (Enclosed) Credit Card/Debit Card _____ (Info Below)

Full Name: _____

Card Number: _____

Expiration Date: _____ Billing Zip: _____

Name on Card: _____

CSV (3 Digit Code on back of card): _____

Preferred Method of Receiving Receipt:

Email: _____ (print clearly)

Text: _____ (print clearly)

Thank You! We'll send you a receipt for your records once your transaction has been processed.