



Host Site Request and Agreement Form

First Name: _____ Last Name: _____ Title: _____

Facility Name: _____

Facility Address: _____

Facility City/State/Zip: _____

Facility Phone: _____ Host Site Fax Number: _____

Host Site Liaison Office Phone #: _____ Liaison Mobile #: _____

General Manager/Facility Manager Name/Title: _____

Facility Info (check all that apply):

- Yoga/Pilates Studio
- Community Center
- Gym
- Fitness/personal Training Studio
- Wellness Center
- YMCA
- Other _____

Number of part-time and full-time fitness staff (check all that apply):

- 1-10
- 11-20
- 21-40
- 41-50
- 50+

Types of Services Currently Provided (check all that apply):

- Yoga
- Group Fitness Classes
- Massage Therapy
- Energy Healing
- Personal Training
- Continuing education workshops for health and fitness professionals

Type of Program Interested in Hosting (check all that apply):

- 200 Hour Yoga Teacher Training (Hatha, Vinyasa, Power Yoga) Yoga Alliance Approved Program
- 300 Hour Advanced Yoga Teacher Training (sports, children, elderly, prenatal) Yoga Alliance Approved Program
- 200 Hour Yoga as Therapy Training (adapative yoga, yin yoga, chair, restorative) A charter program with the International Association of Yoga Therapist
- 60-180 Hour Thai Massage Yoga Therapy Training (partner yoga, Thai massage, clinical Thai massage)
- Specialty Yoga and Massage Workshops
 - _____

Facility Training Room (check all that apply):

- A yoga room available for the course
 - Please list space capacity: _____
- A conference room or misc. room available for the course
 - Please list space capacity: _____
- The room will be completely free for the training
- The room will be scheduled around our existing classes and activities

Facility Equipment (check all that apply):

- Yoga mats. Total number: _____
- Yoga Bolsters: Total number: _____
- Yoga Blankets: Total Number: _____
- Yoga Blocks. Total Number: _____
- Stereo/sound system
- DVD Player
- Projection TV or projections screen
- Projector
- Wireless Internet Access

Facility Public/Employee Areas (check all that apply):

- Public telephone
- Number of restrooms: _____
- Locker rooms/shower
- Microwave
- Stove
- Refrigerator

Available Dates recommended by KCFitnessLink (check all that apply):

Scheduling is based on a mutually advantageous date that works for the host facility and KCFitnessLink.

- Dates requested by host site: _____

Host Site Agreement Summary (please check all in agreement)

- A minimum of 5 registrants are needed for a certification to go.
- KCfitnessLink reserves the right to cancel a training if the minimum required number has not been met 20-30 days before the training
- Scheduling requires 80 hours total, with flexible scheduling for 8, 10 or 12 hour days (for 200 hour certifications)
- Each host facility receives one complimentary registration
- Each facility receives 15% off the normal price of the program for internal instructors/employees. Facilities can market the program to clients and external non-members at the regular price.
- Each facility earns 5 percent of revenues from the training. Example 5 registrants register @ \$3500 each for the 200 hour yoga teacher training. The facility would receive \$875.
- Host facility will provide adequate space, yoga supplies and audio equipment appropriate for the training
- Host facility will market the program, posting information about the training in at the facility, on the host's Web site and in any electronic communication to members and non-members of the host facility.
- Host facility will provide administrative assistance during the training including travel directions for outside registrants and assistance with room set up and equipment use

Host Liaison Name: _____

Host Liaison Signature: _____

Date: _____

Please mail application or fax to:
KCFITNESSLINK
510 N. 6th Street, Kansas City, KS 66101
Fax: 816.817.1192