



## Teacher Training Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Contact number: \_\_\_\_\_

Previous Yoga Experience: \_\_\_\_\_

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Reason for undertaking course: \_\_\_\_\_

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**Course option:**

☐ Brisbane level 2

**Fee details:**

Payment method:

- ☐ Pay course in full (\$2750)
- ☐ Pay with monthly payment plan \$275 per month for 10 months (Total - \$2750)

**Payment options:** (please circle)

Credit card: Visa   Mastercard   |   Cheque   |   Money order   |   Bank transfer   |   Cash

Credit Card No: \_ \_ \_ \_ , \_ \_ \_ \_ , \_ \_ \_ \_ , \_ \_ \_ \_   Exp: \_ \_ \_ \_ \_

Bank transfer:      My Health Yoga  
                         Westpac Banking corporation  
                         Account number: 242998  
                         Branch number (BSB): 034239

**How did you hear about the course?:** \_\_\_\_\_

**Did anyone refer you?**

- ☐ Yes
- ☐ No

Their name: \_\_\_\_\_

*(We give a 5 class pass - valued at \$65 - to anyone who refers or if you bring a friend to the course, we will take \$100 off your course fee)*

**Further comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application agreement:**

In applying to your course, I have supplied current information and details to the best of my knowledge. I would like to be considered for a place in the specified course outlined in my application. I understand the deposit is non refundable, except in extreme circumstances where proof of health or grievance is provided. I pledge to devote myself to the study of yoga and to this course so that I may reap the rewards of focused effort and become a loving, healing and amazing yoga teacher.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Send or email to:**

**My Health Yoga**

**3 Tanjenong Place Burleigh Heads 4220**

**Email: [info@myhealthyoga.com](mailto:info@myhealthyoga.com)**