

Student Name _____ **Email** _____

Circle ONE - (200 hour) (500 hour)

TUITION

The total cost breakdown for hour program:

Registration Fee: \$500 *Non-Refundable fee is included in your deposit.

Deposit: 50% deposit is required to hold your spot in any session.

Tuition: \$2550 -200 Hours / \$4550 500 Hours

Early Bird Special: \$2400 / \$4350 (Paid in full by 3 weeks prior to session start date).

Should you withdraw prior to the start of the session, you will be refunded your

deposit minus the registration fee.

Tuition includes:

s Books and materials

s 170 training hours

s 20% discount on all workshops and boutique purchases for the duration of enrollment in the program.

There is no fee for required classroom observations.

The Miami Yogashala Teacher Training programs are a serious commitment for participants and teachers.

Space is limited, a deposit is required to hold your space for a session. To reserve

your place in the training you must submit your application with signed enrollment

agreement along with your deposit.

Payments received in full 3 weeks prior to event start date receive a discount off

the course tuition as outlined above.

APPLICATION

PROGRAM INFORMATION

Which program are you applying for? (please circle)

1. 200 Hour 35 Day Intensive Session
2. 200 Hour Ten Week Session
3. 500 Hour Program

How did you learn about the Fred Busch Teacher Training Programs?
(please check all that apply)

I practice at Miami Yoga/ Lima Yoga/ Jungle Spirit Malta

Internet Search

Advertisement (please list source) Friend Conference

A Friend recommended it. Name:

My yoga teacher recommended it. Name:

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

City: State:

Home Phone: _____

Mobile: _____

Email: _____

Recommended by: _____

ABOUT YOU

1. How many years have you been practicing yoga? Years: _____

2. How many days per week do you practice yoga? Days: _____

3. What style(s) of yoga do you usually practice?

4. At which yoga studio(s) do you currently practice?

5. Do you have a home practice? Yes__ No__

6. Who have been your primary yoga teacher(s)?

1. _____

2. _____

3. _____

7. Do you practice meditation or pranayama? Yes__ No__

8. Is this your first advanced yoga study/teacher training? Yes__ No__

If no, please list prior training? _____

9. Are you currently teaching yoga? Yes__ No__

If yes, for how many years have you been teaching? Where do you teach?

Years: _____ Where: _____

10. What style(s) do you teach?

11. Why are you interested in Miami Yogashala Teacher Training/
Advanced Studies?

12. What are your expectations for this training? What do you hope to
achieve at the
completion of the program?

MEDICAL HISTORY

Please complete the medical history section below so that we can be sure to respond to any emergencies should they occur during your training. Please note that none of your responses will exclude you from being accepted into the program. Any and all information provided by you will remain confidential.

1. How would you evaluate your current health? (check one)

Excellent

Good

Fair

2. Challenges (briefly describe)

3. Do you suffer from any of the following conditions: (please check)

Epilepsy

Diabetes

Pregnant, or plan to become pregnant during the course of the training.

None of the above to my knowledge.

4. Are you under the care of a physician and/or mental health care professional, currently or during the past 2 years?

Yes

No

5. Please list and medication(s) you are taking prescribed by your physician or mental health care professional:

APPLICATION

PAYMENTS INFORMATION

A deposit and the Enrollment Agreement is due with your application in order to secure your space in the training. If you choose to pay the deposit or the full payment at this time (please indicate below).

Full payment is required no later than the start of the program unless satisfactory arrangements for payment of tuition and other fees have been made between the student and Miami Yogashala Inc.

Payment is due in full by early registration date in order to receive the discounted rate. Miami

Yogashala Inc. accepts cash, American Express, Visa and MasterCard.

PAYMENT METHOD (PLEASE CHECK)

I am paying by cash

I am paying by credit card. Mastercard Visa American Express
Credit Card # _____ Exp Date _____

Name as it appears on the card _____ CVC # _____

Is your billing address the same as your mailing address? Yes

No

Billing Address: _____

City: State:

I here by authorize Miami Yogahsala Inc. the above payment of \$

***BY SIGNING THIS APPLICATION YOU CERTIFY THAT ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT.**

Signature: _____

Print Name: _____

Date: _____

Please email your application to fbusch911@gmail.com, Fax to 305-259-5418 . Payment over the phone can be arranged as well.