

50 Hour POWER OF LOVE Bhakti Yoga Training Application Fall 2019

1. PERSONAL INFORMATION

First Name _____

Last Name: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

E-mail: _____

Address: _____

2. EMERGENCY CONTACT (EC) INFORMATION

Name: _____ Relation: _____

EC Phone: _____

Physician: _____ Phone: _____

4. PAYMENT

If you pay **in full** with the submission of your application, before September 30th, 2019, the cost of the certification is **\$750**, otherwise the cost will be **\$ 800**.

If you choose our **payment plan** then a \$ 200 (non refundable) deposit is due by Oct 5th. \$ 400 (1/2 the total) is due by Oct. 25th, and the Final balance is due by Nov. 15th.

You may pay by **Cash, Check, Visa, MasterCard, Discover, or American Express**. (Please make check payable to "GV Brands, LLC.")

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

5. DECLARATION OF DISCLOSURE AND ACCEPTANCE OF TERMS

I hereby declare that the above information is true to the best of my knowledge. By signing this application, I acknowledge that I am physically able to perform in this program and that **Good Vibes Yoga and Kombucha Bar and all teachers in the course** are **not** responsible for any injuries resulting from my participating in any activities at **Good Vibes Yoga and Kombucha Bar**. I understand that misrepresentation of this information constitutes grounds for rejecting this application, expulsion from the program, or revocation of certification. I have read and I do accept these terms. I understand that I am entitled to **NO** refunds, credits, or adjustments resulting from my failure to uphold any of these conditions.

7. SIGNATURE

By applying to this training program you agree to comply with these terms. Your signature below acknowledges your agreement with this policy.

Signature: _____ Date: _____

Print Name: _____