



Mandala Yoga School Application & Contract

Initials _____

Please print this application, complete it and then scan and e-mail to the host location: studiovibe@bellsouth.net or fax to 919-467-8033

Personal Information

Name (as you would like on your certificate)

Name or Nickname you go by

Date of Birth

Complete Address

E-Mail

Mobile Number

Other Phone Number

Emergency Contact / Relationship To / Phone Number(s)

How did you learn about Mandala Yoga School?

Health Concerns or Medications That could have an effect on your participation in this program.

Anything else we should know to maximize your experience?



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Yoga & Movement Experience

What styles of yoga have you taken in the past?

How long have you been practicing yoga?

List any other movement experience you have (Pilates, Dance, Karate, etc)

Have you taught or are you currently teaching any movement-related classes? If so please explain.

What motivated you to explore a Teacher Training Program?

What motivated you to apply to Mandala Yoga School?

What are you hoping this experience will bring to your life?



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Important Notices and Program Requirements

- Completion of the application does not mean automatic enrollment into MYS 200-Hour Yoga Teacher Training
- Applicant must at least 18 years of age and have had over 3 months of a consistent yoga practice or approved for the program by a lead teacher or facilitator.
- Upon completion of this application, you may be contacted for a phone interview to clarify any of your answers and to assure the program is a good match for you.
- Attendance is required at all scheduled program dates*, completion of all program requirements, demonstrating teaching competency, professional behavior and ethical conduct is necessary for certification. MYS Graduates will have the required pre-requisite to apply to be in the Yoga Alliance Registry. Should you not meet the requirements, you will have 3 months from graduation to successfully complete.
- Non-Contact Hours. A minimum of 20 Classes are to be taken with faculty and teachers of Mandala Yoga School. These classes have a separate fee. Option to Purchase 20 Classes for \$150* (or pay as you go for \$10/class*) These rates are from the time you enroll in the program until graduation
- Trainees are to complete 4 Observation Hours and assist in 4 Classes with Faculty Members – Pre-Approval by a Lead Teacher Trainer is Required Prior to Scheduling.

* Missed Hours must be made up. We will work with you in all possible ways, however anticipate a \$75/hour charge for any needed make-up hours.



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Payment

Please Check The Payment Option That Best Suits Your Needs:

A. One Payment

_____ \$2600* – Super Early Bird By January 30th

_____ \$2750* – Early Bird By February 18th

_____ \$2900* – After Feb 18th Standard Tuition Rate

*Subtract \$100 if paying by check in full

B. Installment Payment Plan

_____ \$3150 or 3 equal installments of \$1050:

1st at registration

2nd prior to weekend 3

3rd prior to weekend 5

REFUND/CANCELATION POLICY

If you cancel less than 8 weeks prior to training start date you will receive 75% of tuition back, less any bank or processing fees.

If you cancel less than 4 weeks prior to training start date you will receive 50% of tuition back.

If you cancel less than 2 weeks prior to training start date you will receive 30% of tuition back.

After the training starts, no refunds will be given for the training.

All tuition must be paid in full to receive certification.

We reserve the right to terminate any student from the training program after a warning if there is a violation of ethical conduct.



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I am aware of the commitment of this training. In signing below, I agree to contribute fully and demonstrate the physical, mental and emotional preparedness to participate in this program.

Also in signing below, I take full responsibility for myself during all parts of MYS Teacher Training and release Triangle Pilates, LLC, studioVIBE, and Mandala Yoga School owners, successors, faculty and any other designated Mandala Yoga School teachers/training directors, as well as any guest instructors.

Date _____

Signature _____

Printed Name _____