



TRIAD YOGA & PILATES

We hope you are excited about starting the process of beginning the 200 Hour Yoga Teacher Training at Triad Yoga & Pilates, Inc. The training will be a life changing experience and what will be one of the most authentic yoga training giving you a comprehensive and deeper knowledge of yoga. Please complete the application in its entirety to the best of your knowledge.

Name: _____

Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Phone: (Home) _____ (Mobile) _____

E-mail: _____

Birthday: (mm/dd/yyyy): _____ Gender: [Female] / [Male]

Occupation: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone: _____

Do you have any previous yoga experience? For how long have you been practicing?
What styles of Yoga? [Yes] / [No]

How long have you been practicing yoga **consistently** prior to this application?

Do you have any previous yoga training? [Yes] / [No]
(provide copies of certificates and/or resume)



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Do you have any previous movement training (dance, Pilates, etc.)? [Yes] / [No]
(If yes, please explain and provide copies of certificates and/or resume)

Are you planning to teach yoga upon completion of this program **OR** are you looking to deepen and/or refine your skills & knowledge? [Yes] / [No]

What do you wish to take away from this yoga teacher training? What do you hope to gain, learn, refine or work on?

Do you have a Meditation practice, and for how long? What type? [Yes] / [No]

Do you have any health concerns or injuries? (If yes, please explain) [Yes] / [No]

Do you work well in groups? [Yes] / [No]

Are you pregnant? How far along? _____ [Yes] / [No]

Are you currently taking any medications? [Yes] / [No]

Have you been physically, sexually or emotionally abused or assaulted? [Yes] / [No]

Are you currently or were under the care of a Physician? [Yes] / [No]

Are you currently or were under the care of a Psychologist? [Yes] / [No]



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Do you smoke or was a smoker? [Yes] / [No]

Do you drink coffee or caffeinated products or have in the past? [Yes] / [No]

Do you use or have used controlled substances or recreational drugs? [Yes] / [No]

Describe your overall diet, health, exercise practices and beliefs:

List things of interest you think we should know about you:

How did you hear about this teacher training?

- Website Triad Yoga Workshop
 Conference Facebook/Twitter Other: _____



Tuition & Refund Policy

Tuition

Course Fee

- The amount for the course is \$3,299 (does not include the required books) and must be paid in full prior to the start of the teacher training program. Apply by April 30, 2024 and receive the Early Bird Special of a \$500 discount. Apply by May 31, 2024 and you receive a \$300 discount.
- A non-refundable deposit of \$1,000 is required upon registration for the course and will be applied to the full fee.**
- If you refer a friend to do the course at the time you are signed up, you will receive an additional 5%.
- If you are an existing yoga teacher looking to refresh your knowledge and skills, you will receive an additional 5%.
- The course fee includes your 1) Tuition; 2) The Triad Yoga & Pilates training manual; 3) All printed materials; and, most of all, 4) Continued guidance & professional support after graduation.
- We are willing to offer individual payment plans, but your diploma will not be awarded until full payment is received.** Payment Plans are available for those students who prove the financial need and have been approved by the Program Administrator, Newton Campbell. Your diploma, however, will not be awarded until the full payment is received.
- Payments are accepted in cash, Venmo, Zelle, or PayPal.

Refunds

- If anyone withdraws from the program before it commences, all monies are refunded except the non-refundable deposit fee.

- If you withdraw one week after the commencement of the program, you will be refunded all monies except the non-refundable fee and fees for all printed materials.

- If you withdraw after the second week, there is NO Refund of any monies UNLESS it's for medical reasons or family emergencies. Documentation must be provided.

Signature: _____ Date: _____

Please send the completed application to the attention of Newton Campbell:
Fax: (949) 724-1488
Email: newtoncampbell@gmail.com

For Office Use Only

Total Amount: \$ 3,299.00
Discount: \$ _____
Total due: \$ _____
Deposit: \$ 1,000.00
Balance: \$ _____

Method Of Payment: [] Cash, [] Zelle [] Venmo/PayPal

Processed By: _____ Date: _____