



**Kantra CALM School of Yoga
200-hr Vinyasa Teacher Training**

150 S. Church St., Fairhope, AL 36532
January 2018 – July 2018

Date: _____ PERSONAL INFORMATION:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: () _____ Secondary Phone #: () _____

Email (required): _____

How did you hear about this training? _____

Are you under physician's care? Yes ___ or No ___

If yes, for what reason(s)? Are you currently seeking mental health care? Yes ___ or No ___

If yes, for what condition? Please list any current medications:

PLEASE INCLUDE ADDITIONAL PAGES FOR ANSWERS LONGER THAN THE SPACE PROVIDED.

What is your past history with yoga practice? Please include any previous workshops or intensives with Augusta and David Kantra or Rolf Gates.

INTENTION SETTING: Please take a moment to write down what you want out of this Teacher Training. There is a power in writing down goals, sharing them and then referring to them often. What is your intention for taking this program?

Describe your perfect life: Is there anything else you would like us to know?

PAYMENT OPITONS (Check one):

_____ Option I: Early Full Payment (Available only until November 5, 2017):
\$2850 Pay-in-full upon acceptance of application. (\$350 discount)

_____ Option II: Full Payment (after November 5, 2017): \$3000 Pay in full upon
acceptance of application. (\$200 discount)

_____ Option III: Payment Plan — \$3200: \$500 Deposit upon acceptance of
application and 6 consecutive monthly payments of \$450 on the first of each
month (January 2018 – June 2017). I agree to pay the amount designated for the
payment option selected above.

I agree that if my application is accepted, I will immediately be charged \$2850 if I have selected the full payment option (Option I), \$3000 if I have selected OPTION II, or \$500 if I have selected OPTION III.

If I have selected OPTION III payment plan above, I agree that after I am charged the initial charge of \$500, 6 consecutive monthly payments of \$450 will be charged on the 1st of each month (January 2018 – June 2018) following my acceptance into the program.

NOTE: For OPTION III, the entire balance must be paid by June 1, 2018. PLEASE INITIAL _____ I have read and agree to the Payments/Refunds Terms and Conditions. PLEASE INITIAL _____ \$500 non-refundable deposit is due with your application _____ I am paying by check. Please mail your check along with your application to the address listed at the beginning of the application. Please include your driver's license number, state, & expiration date on the front of your check.

_____ I am paying by credit card. (A credit card charge of \$3 per \$100 spent will be charged.)

_____ MasterCard _____ Visa

Card # _____ EXP Date: _____

Name as it appears on your credit card: _____

I hereby authorize a payment of \$ _____ Please Initial: _____

PAYMENTS - REFUNDS TERMS and CONDITIONS

I understand and agree that if I cancel my enrollment at least 60 days before the beginning of my program, I will be entitled to a refund of amounts paid, less \$500. I understand and agree that if I cancel my enrollment less than 60 days before the beginning of my program, or if I do not complete the program for any reason other than cancellation of the program by Augusta and David Kantra, I will not be entitled to any refund, and will be obligated to pay any remainder of the enrollment fee designated above. This agreement shall be governed by the laws of the State of Alabama without regard to any law that directs the application of the law of another jurisdiction.

Signature: _____

Print Name: _____

Date: _____

Please mail or drop off your application at the following location: Center for CALM Living 150 South Church Street Fairhope, AL 36532