

International Yoga College

Registration Form 500 Hour Core Curriculum Training

Spring Session March 2 – 11, 2007

Fall Session August 10-19, 2007

Please print this form and forward it along with your deposit to:

**International Yoga College
2115 Mountain Road, Sedona, AZ 86336
Attn: Kevin Afuso**

**For any questions please call Kevin at (888) 949-9642 or
(928) 203-4002 or e-mail yoga@internationalyogacollege.org**

Name: _____

Address: _____

_____ Zipcode _____

Telephone: _____ email: _____

Please check one:

____ Cash or Check

____ Visa

____ Mastercard

Credit Card

: _____

Exp. Date _____ Signature code on the back of your card _____

Signature: _____

Enclosed is a deposit of \$350 to reserve my place for (please check one):

_____ Spring Session Full tuition \$1,350
Balance of \$1,000 due 30 days prior to 1st date of training

. _____ Fall Session Full tuition \$1,350
Balance of \$1,000 due 30 days prior to 1st date of training

_____ Both Sessions Full tuition \$ 2,700
Balance of \$2350 due 30 days prior to 1st date of training.

**If you are paying by check please make it payable to:
INTERNATIONAL YOGA COLLEGE, our non-profit organization.**

Please also enclose a photograph of yourself.



Tuition Refund Policy:

A deposit of \$350 reserves your place. You may pay by cash, check or by credit card. Once you are accepted for the course, the deposit becomes non-refundable. The full fee for the session is due 30 days before the start of the course and once the course starts, there is no refund. In case of an emergency, you may apply the fee to another course the following year. The fee is not transferable to another person. The course has a limited number of participants, so please reserve early.

(I have read, understand & fully accept the tuition refund policy agreement.

(please sign) _____

Tell us about your physical health (major illnesses, injuries, surgeries, any physical conditions or eating disorders we should know about):

Have you done any kinds of cleansing or fasting before? Are you familiar with the Shat Karmas? If so which ones?

Please list any prescription or recreational drugs that you are currently using (and for what condition) or have used in the past. This is completely confidential & crucial for us to know in relation to the cleanses. Also, are you a smoker? If you have smoked in the past, how long have you been smoke free? Do you have any body piercings?

List any other interesting things you think you would like us to know:

Who can we call in case of an emergency: _____?

Telephone: _____

How did you hear about us?

**For any questions please call Kevin at (888) 949-9642 or
(928) 203-4002 or e-mail [yoga@ internationalyogacollege.com](mailto:yoga@internationalyogacollege.com)**

CHECK LIST for Registration package

- 1) Registration Form filled out_____**
- 2) Photograph of yourself _____**
- 3) Deposit of \$350 _____**

Mail to:

**International Yoga College
2115 Mountain Road
Sedona, AZ 86336**