

If you believe you can, or you believe you can't, you're right.

-Henry Ford



# Yoga Teacher Training

A 200 Hour Yoga Alliance Registered Program  
with Laurel Hodory

## Application for Enrollment

**Weekend Programs Start:**

January 28, 2011

July 15, 2011

**Accelerated Program Starts June 15, 2011**

### Student Registration Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Number to reach you:

Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_

Check One:       Certification Track       Non-certification Track  
Program Selection:       January 28, 2011 Start       Accelerated June 15 Start       July 15, 2011 Start  
Enclosed Completed Referral Form:       Yes       No

### Tuition Payment Plan Selection

- Pay in Full Plan      \$3150 payment submitted with application
- 6 Month Pay Plan:      \$595 initial payment with application  
   \$477 per month for 6 months  
   \$450 per month for 6 months -- when you register by 4/1/11
- 12 Month Pay Plan:      \$495 initial payment with application  
   \$274 per month for 12 months  
   \$250 per month for 12 months -- when you register 4/1/11
- 16 Month Pay Plan:      \$395 initial payment with application  
   \$220 per month for 16 months  
   \$200 per month for 16 months -- when you register by 4/1/11

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### Initial Payment

Enclosed initial payment \$ \_\_\_\_\_:  Cash  Check # \_\_\_\_\_  
 Please charge my credit card (Be sure to complete credit card information below, Tuition Payment.)

**Please make checks payable to Yoga One LLC.** Please note, your application is not complete until your initial payment or Pay in Full is received. If you are not accepted to the program, 100% of your initial payment will be refunded to you. If you are accepted, but withdraw at least 10 business days prior to the start of the program with

### Tuition Payment

The tuition payments must be made on the 1st of every month in accordance with the selected pay plan. Applicants may choose pay by cash, check or credit card. Visa & Mastercard accepted. Please indicate below your payment method:

Credit Card Number: \_\_\_\_\_ -- \_\_\_\_\_ --  
I wish to pay my monthly tuition payments by:  Visa  Mastercard

Expiration Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

By signing below, I consent to have my credit card charged each month in accordance with the pay plan I have selected.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check payments should be mailed to:

*Laurel Hodory @ Yoga One LLC  
1834 Elmwood Avenue  
Columbus, OH 43212*

#### Late Payment Policy

A \$29 late fee will be assessed on payments more than 5 days past due. Accounts more than 30 days past due will be assessed a 21% late fee. Students will not be permitted to attend training sessions until their accounts have been brought current.

#### Cancellation Policy

Upon acceptance to the Yoga Teacher Training, a student is consider to be registered. Registrants who withdraw from the Yoga Teacher Training Program before its completion are responsible for paying the full remaining balance on their tuition.

I have read and agree to the late payment and cancellation policies:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## Application Questions

Please answer the following questions on a separate, typewritten sheet of paper. Be as detailed as possible in your responses. Submit the completed questions along with the Director Referral and submit with initial or full payment to:

*Laurel Hodory @ Yoga One LLC, 1834 Elmwood Avenue, Columbus, OH 43212.*

1. How long have you been practicing yoga?
2. Describe your yoga practice schedule and curriculum. How frequently and for what duration do you practice?
3. Where do you currently take classes?
4. Is there a particular style of yoga that you prefer, or a particular teacher you study with regularly? Please explain.
5. Have you studied with Laurel, and if so, for how long?
6. Do you regularly practice *sirsasana* (headstand) and *salamba sarvangasana* (shoulder stand)? Please describe.
7. Can you do *urdva danurasana* (backbend) with straight arms?
8. Can you do handstand at the wall?
9. Are you currently teaching? If so, please describe your classes, where you teach, and how frequently.
10. Do you practice meditation? If so, please describe your practice.
11. Do you practice pranayama? If so, please describe your practice.
12. Do you have any physical limitations? If so, please describe.
13. Do you have any medical conditions? If so, please describe.
14. Why do you want to participate in the Yoga Teacher Training with Laurel Hodory?
15. How will you contribute to the program?
16. How did you find out about the Yoga Teacher Training Program with Laurel Hodory?
17. What made you select this program?

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### Director Referral or Interview

As a part of the application process, a telephone interview or attendance at a class with the Director is required. If you are unable to attend a class, or have already attended classes in the past with Laurel, you do not need to complete this form. Instead, a telephone interview will be set up with you after receipt of your application. Please contact Laurel via email or phone to setup your interview.

Laurel Hodory, MS, E-RYT 500  
[laurel@laurelhodory.com](mailto:laurel@laurelhodory.com)  
614-256-3647

If attending class, please follow these guidelines:

1. Check the schedule online at [www.laurelhodory.com](http://www.laurelhodory.com) for Laurel's teaching schedule and choose a class to attend. You may email or call the Director ahead of time to let her know you plan to attend.
2. If you are new to the studio where she is teaching, arrive early so that you can fill out a new student registration form and pay for the class.
3. Be sure to introduce yourself to Laurel prior to class, informing her of your interest in the YTT program and that you would like her to sign this form.
4. Once the form has been signed turn it in with your completed 2011 Yoga Teacher Training application and submit it to the address listed above.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Laurel Hodory, MS, E-RYT500, Director of Teacher Training

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date