

  
**Yoga Therapy of Michigan**  
**200 Hour Yoga Immersion Application**

Please fill out this form and return it with your \$275.00 deposit to Yoga Therapy of Michigan. Balance is due in monthly installments of \$275.00 on the first day of class each month.

Full Name _____	Preferred Name _____	
Address _____	City _____	
State _____	Zip Code _____	Date of Birth ____/____/____
Home Phone _____	Mobile Phone _____	
Email Address _____		
Occupation _____		

**1. Please describe your current yoga practice:**

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**2. How long have you practiced yoga?**

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**3. What style(s) of yoga have you practiced?**

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**4. Do you have any physical limitations that would affect your practice?**

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**5. Who have been your yoga teachers?**

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**6. Have you ever taught a yoga class? (If yes, what style(s) and for how long?)**

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**7. Do you have any other teaching experience?**

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**8. Why are you interested in taking this Yoga Immersion Program?**

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**9. Is there anything else you would like to share about yourself?**

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**10. Additional thoughts, questions concerns:**

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**Yoga Therapy of Michigan ~ Tuition Payment Form**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

**Total Program Fee \$3300.00**     **Deposit: \$275.00**

**Payment Type:**     **Cash**         **Check**

**REFUND POLICY**

The \$275.00 deposit is non-refundable but may be applied to another program or service.